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DAVID LOTTO

# *On Witches and Witch Hunts: Ritual and Satanic Cult Abuse*

Allegations of ritual cult abuse (RCA) and Satanic Ritual Abuse (SRA) have reached near epidemic proportions. In recent years there have been numerous publications in the professional clinical literature containing accounts of memories of such abuse occuring and being reported to therapists. A recent survey of American Psychological Association members found that over 800 therapists have reported treating cases of ritual or religion related abuse.[2]

There have also been a number of popular books and magazine articles reporting on the widespread incidence of this phenomenon[3] as well as numerous TV documentaries, news programs, and talk shows, devoted to the subject.[4]

There are a wide variety of reports from many different sources about the nature of these groups. There are the so-called multi-generational cults in which extended families are said to be devoted to worshipping Satan and raising their children to participate in rituals involving animal and human sacrifices. Young female cult members are alleged to be forced to become victims of group rapes and engage in a host of bizarre sexual rituals. A typical story told by female "survivors" is that they have been, or have witnessed others, being used as breeders for babies who are then used as victims in sacrificial rituals.

Drugs, hypnosis, and various forms of brainwashing and mind control techniques are said to be used regularly by these cults for the purpose of binding reluctant members to the group. Young cult members are allegedly threatened and terrorized with the goal of preventing them from telling anyone about the cult. Post-hypnotic suggestions, including the use of trigger words and symbols, are employed to re-

mind victims of the penalties for being disloyal to the cult.[5]

These groups are often said to have prominent and influential members including doctors, lawyers, clergymen, and police. They are both very psychologically sophisticated in their abilities to use mind control techniques, and criminally sophisticated in their ability to not leave any evidence of their illegal activities.[6]

Other writers describe cults which are more like organized crime groups who are in the child pornography, child prostitution, or "snuff film" business. These groups are said to start or take over day-care centers and nursery schools for the purpose of making films or taking photographs of children to be used in the child pornography trade.[7]

Groups such as the Process Church, the Ordo Templo Orientis (OTO), and Santeria, or offshoots of these groups, are said to be responsible.[8] Journalist Maury Terry claims that both Charles Manson and his "family" and David Berkowitz, the convicted Son of Sam killer, were involved with such groups. The murders they committed are said to have been ritual acts.

There is a group called the Cult Crime Impact Network which estimates that as many as 50,000 human sacrifices a year are being performed by a nationwide covert network of satanic cults.[9]

Several authors have drawn attention to the hysterical nature of the current RCA epidemic.[10] Comparisons are made to the European witch hunts of the 15th through 18th centuries, the Salem witch trials, and the persecutions of the McCarthy era. Parallels with the infamous "blood libel" accusations in medieval Europe, in which Jews were said to sacrifice Christian children and use their blood as part of the Passover ritual, are also made.

Similar accusations of the practice of witchcraft involving sexual orgies, sadistic torture, and the slaughter of newborn infants were made in the 1830's and 1840's in several books written by supposed former nuns who had escaped from forced confinement in convents. This was at the height of the anti-Catholic movement which flourished in response to the Irish Catholic immigration to this country occuring at the time.[11]

The best known book of this genre was called *The Awful Disclosures of Maria Monk*. The protagonist claims to have escaped from a convent in Montreal in which such gruesome events occured with great regularity. Sales of this book in the United States were greater that those of any other book published before the Civil War with the exception of *Uncle Tom's Cabin*.[12]



The contemporary wave of RCA survivor stories started with the publication in 1980 of the book *Michelle Remembers*. This book was co-authored by a Canadian psychiatrist, Dr. Lawrence Pazder, and his patient, Michelle Smith. It tells the story of Michelle's bizarre sexual abuse and torture at the hands of a satanic cult, of which her parents were members, in the 1950's in Victoria, British Columbia. Dr. Pazder divorced his wife and married Michelle whom he had diagnosed as suffering from MPD. The two of them have made numerous television and radio appearances and have frequently spoken at conferences as experts on RCA.

Quite recently, Lawrence Wright has written a lengthy two part article in the *New Yorker* (Wright 1993) entitled *Remembering Satan*. The article tells the story of the Ingram family of Olympia, Washington. In April of 1990 the father, Paul Ingram, was sentenced to 20 years in prison for sexually abusing his two daughters, in large part based on his own confession. This confession followed months of questioning by police interrogators, as well as sessions with several therapists and a pastor who knew of and believed in the literal truth of the increasingly fantastic allegations that kept coming from the two daughters in the family. Paul Ingram would enter self-induced trance states in which he would think about situations where he might have been involved in sexual abuse and after some period of time elapsed would "recover" a memory in which he was a perpetrator. Wright convincingly argues that the charges were totally unfounded in reality.

Another example of the harm which can follow from the naive acceptance of unsubstantiated evidence of the existence of ritual cult abuse is contained in a recent book by Robert Black (1992) which tells the story of the so-called "Dawn Raids" which occured in February of 1991 on the Orkney Island of South Ronaldsay off the northern coast of Scotland. At 7 o'clock in the morning, with no warning 9 children, between the ages of 8 and 15, from 4 different families were simultaneously taken from their homes by police and social workers and immediately flown to foster homes on the Scottish mainland.

The authorities had undertaken this elaborate tactical maneuver after becoming convinced that the families of these children were involved in a Satanic Cult headed by the local Church of Scotland parish minister. The sole source of the accusations were 3 siblings ages 7, 8, and 9 from a severely dysfunctional family of 15 children on the island who were in foster care because their father had physically and sexually abused them. The authorities decided that no residents of the is-

land could be trusted and therefore planned and conducted the raid in secrecy.

The 9 children were kept in foster care, without any form of contact allowed from their parents or any other relatives for a total of 5 weeks. Hundreds of letters and Christmas presents sent to the children were withheld from them because the Social Work authorities feit they contained "trigger words" sent by cult members or sympathizers. These alleged trigger words included brownies, rainbows, love-hearts, and turtles. Finally, a combination of the public outcry and the actions of local Orkney law enforcement officials led to the return of all the children to their homes.

A thorough government inquiry was conducted which cost British taxpayers over 6 million pounds. No evidence of the existence of any cult activity or abuse, other than the unsubstantiated reports of the 3 children, was ever brought forward. No charges were brought against any alleged cult member by any authorities. The Orkney raids had been preceded 8 months earlier by a remarkably similar incident which occured near Manchester, England. A 6-year-old boy told his teacher stories of bizarre black magic practices including the killing of babies. Seventeen children were removed from their homes by social workers and police, placed in foster care for 9 months, and were not allowed parental visits. The parents of the 17 children were accused of being members of a Satanic cult who had ritually sexually abused their children.

As in the Orkneys, the children were eventually returned to their parents and no charges were brought against the alleged perpetrators. The director of social services who handled the case was forced to resign.

Some of the child protective workers who were involved in the case had recently attended a conference on RCA which featured 2 American "experts"—Chicago police detective Jerry Simandl and school counsellor Pamela Klein. At the conference they had told stories of babies being cooked in microwave ovens. This same story was said to have been "disclosed" by the child who was interviewed by these same workers.[13,14]

Since so much of the material reported by RCA "survivors" is based on hypnoticly-induced recall it might be helpful to take a look at what is known about the reliability of hypnotic memory.

There is a good deal of evidence, chiefly derived from experimental studies of hypnotic recall, that memories elicited under hypnosis are unreliable and subject to distortion and falsification. In particular, recall under hypnosis involves an increase in the frequency of confabulation; the construction of a plausible sounding narrative with very little or no connection to actual historical events. The panel established by the Council of Scientific Affairs of the American Medical Association (1985) concluded that



> recollections obtained during hypnosis can involve confabulations and pseudomemories and not only fail to be more accurate, but actually appear to be less reliable than nonhypnotic recall. (p. 1918)

Orne et. al. (1988) in their review article on reconstructing memories using hypnosis conclude

> When the subject has a belief about an incident in the past, but lacks full recollection of the events that occured, hypnosis may serve as a catalyst to transform this belief into what is experienced as an actual memory. The increased tendency toward fantasy and the decrease in critical judgement, coupled with the conviction that hypnosis will produce accurate recall, may allow the subject to visualize what he or she believes might have happened and to accept the hypnotic visualization as a true memory of what actually occurred. (p 24)

A number of studies have concluded that hypnosis increases the confidence subjects have in the veracity of the memories they recall while hypnotized, whether these memories are true or not.[15]

There is also consensus in the hypnosis literature that hypnosis involves a state of heightened suggestability. Because of this, being in a state of hypnosis tends to increase the probability that cues from the outside, even subtle cues such as mildly leading questions from the hypnotist are likely to be incorporated into reported memories.[16]

This state of increased suggestability is particularly strong in individuals who are highly hypnotizable.[17]

Even without the use of hypnosis there is a good deal of evidence about the unreliability of memories. Of particular relevance is the work of Elizabeth Loftus (Wells & Loftus 1984), a psychologist at the University of Washington who studies memory. In laboratory research she has demonstrated that totally false memories can be implanted and come to be fully believed by subjects, particularly when they are suggested by individuals who are known and respected by the subject.

Steven Ceci, a psychologist at Cornell, has done research on the ac-

curacy of young children's memory. In one study involving 4-, 5-, and 6-year-olds, their parents were asked to make a list of 10 events, 2 of which happened and 8 of which didn't. Each child was then asked "has this ever happened to you" about each event on a weekly basis. By the 11th week of this procedure, 56% of the children reported at least one false event as being true. Some children reported all of the fictional events as having occured. The children frequently elaborated on the fictional events and produced detailed and believable sounding accounts.[18]

In the situation described in the *New Yorker* article mentioned earlier, Richard Ofshe, a social psychologist from the University of California at Berkeley who is aware of the possibility that "recovered" memories such as those reported by Paul Ingram are suspect, was able to get access to Mr. Ingram and to perform the following experiment. He suggested a totally fabricated situation in which Paul was present and encouraging his son and daughter to have sex with each other. After some time in which Paul engaged in his usual process of meditating on the suggested events while in a trance state he did in fact "recover" a series of detailed and plausible sounding "memories" which conformed to the suggested scenario.

In 1992 in Philadelphia, a number of parents who had been accused by their children of various acts of sexual abuse formed the False Memory Syndrome Foundation. So far more than 7,000 people have identified themselves as being falsely accused of such acts. Seventeen percent of the accusations involved satanic ritual abuse.[19]

Before leaving the subject of the accuracy of memories we should recall the existence of the phenomenon of screen memories in which two or more distinct events can be blended and are remembered as being part of the same event; or a related but distinct memory with less threatening emotional content can be substituted for the memory of the more threatening event.

## RITUAL CULT ABUSE

This next section of the paper will examine RCA in greater detail.

There are serious evidential problems with reports of RCA.[20] Kenneth Lanning, a supervisory special agent for the Behavioral Sciences Unit at the FBI academy who specializes in the study of sexually victimized children is particularly convincing in this regard. He writes (Lanning 1992):



> The most significant crimes being alleged that do not seem to be true are the human sacrifice and cannabalism. In none of the multidimensional child sex ring cases of which the author is aware have bodies of the murder victims been found—in spite of major excavations where the abuse victims had claimed the bodies were located...Not only are no bodies found, but also, more importantly, there is no physical evidence that a murder took place. (p. 130)

In one of the most well-known cases of alleged ritual abuse in a Day Care setting which resulted in a guilty verdict, the Country Walk case in Miami, recent investigative reporting has cast doubt on the validity of the verdict. In this case, Francisco Fuster, a 36-year-old Cuban immigrant who had previously been convicted of manslaughter and sexually molesting a 9-year-old girl in New York, and his 17-year-old Honduran wife, Ileana, were convicted of ritual cult abuse. Francisco was sentenced to 6 life sentences plus 165 years and is currently in prison. Ileana was sentenced to 10 years since she agreed to testify for the prosecution against her husband. This followed several months of incarceration, some of which involved solitary confinement. She was deported to Honduras after serving 3½ years. During her time in jail before the conviction, she was visited at least 34 times by psychologist Michael Rappaport and subjected to many hours of interrogation. Dr. Rappaport himself had done time in Fort Leavenworth military prison for adultery and sodomy with two women he was counseling. Ileana eventually confessed to participating with her husband in numerous acts of sexual abuse with the children. There was no other corroborating evidence, with the exception of the testimony of very young children. In her statement to the judge regarding her confession she said: "I am not pleading guilty because I feel guilty. . I am innocent of all those charges...I am pleading guilty to get all this over..." (Cockburn 1993). The prosecuting District Attorney in this case was our current Attorney General, Janet Reno.

In perhaps the most famous of the day care sex abuse trials, in 1984 at the McMartin preschool in California, there were no guilty verdicts. The original source of the accusations, Judy Johnson, who was the mother of a student at the school, was hospitalized and diagnosed as a paranoid schizophrenic about a year after making her initial accusations. In 1986 she died of an alcohol related liver disease.

The most sophisticated clinicians who work regularly with patients

who report memories of ritual cult abuse warn of the severe reliability problems with so many of the accounts they hear.[21] The vast majority of these patient have been diagnosed as suffering from multiple personality or other dissociative disorders. Ganaway (1989) summarizes his experiences with the uncovering of traumatic memories in MPD patients as follows:

> ...the therapist should be prepared to encounter a mixture of fact and fantasy. As in psychodynamic psychotherapy with other disorders, the reconstruction of memory is subject to so much defensive distortion as to require the label of narrative truth, or psychical reality, as opposed to historical truth, or fact-based reality...This particularly holds true for the highly hypnotizable MPD patients, who additionally are vulnerable to distortion effects from intrusive inquiry or iatrogenic disociation. (p. 210)

A number of authors have pointed out the widespread exposure in the popular media of this type of material; the spread of information on this topic that occurs between therapists who attend professional conferences and read the professional literature on dissociative disorders and allegations of ritual cult abuse; and the parallel spread of such stories on the increasing number of inpatient psychiatric wards which specialize in the treatment of patients with dissociative disorders.[22] Estimates of the frequency of RCA among MPD patients run as high as 30% (Lubrano 1993). Estimates of the number of MPD patients in the United States run to 200,000 (Watter 1993), which means there are as many as 60,000 people reporting memories of RCA.

The work of Herbert Spiegel on degrees of hypnotizability and the behavioral characteristics of highly hypnotizable patients in psychotherapy is of relevance here. Spiegel did most of his work in the 1970's before RCA and SRA made their appearance in the literature, and before the explosion of the MPD diagnosis.

Spiegel (1974) identifies a pattern of personality traits which he calls the Grade Five Syndrome. These are people who are very highly hypnotizable. He estimates their natural occurence in the population at just under 5%. Others have suggested that the frequency is somewhat higher, between 5 and 10% of the population.[22]

These individuals are described as exhibiting a posture of trust that can border on a pathological level of compliance with the wishes and beliefs of those in their environment. They frequently demonstrate trance logic (Orne 1959), which is the capacity to act as if one is unaware of even extreme logical incongruities, and an ease in suspending normal levels of critical judgement. They have highly developed empathic abilities, an expectation of support from others, and are demanding of attention and concern.



Spiegel (1974) describes some of the dangers of working with Grade Five's in therapy. He reports that that they frequently respond to their therapists' requests regarding details of a memory by confabulating. He warns that they will take a therapist's encouragement to search inwardly for answers into an active process of scanning the therapist for cues to what they think of as the "correct" answer.

Ganaway (1989) reports the following data:

> In the first 2½ years as director of a hospital-based dissociative disorders program, the author personally treated or interviewed in consultation a total of 82 individuals who met DSM-III-R diagnostic criteria for dissociative disorders. Of these, 54 (66%) met the criteria for adult MPD. Virtually all the patients in the MPD group also met Spiegel's criteria for the Grade Five Syndrome. (p. 208)

Note that refraining from using overt hypnotic techniques in therapy does not eliminate the problem. As Ganaway (1989) points out,

> Each year in doing consultation clinics for the pre-conference workshops at the International Conferences on Multiple Personality/Dissociative States, the author continues to be surprised at the number of experienced therapists who have yet to grasp that they are treating patients who in effect are continually moving in and out of hypnotic trance states, no matter what the therapists' intent may be regarding the use of hypnotic techniques. (p. 208)

Ganaway (1989) also reports several cases of MPD patients who reported bizarre memories of severe abuse which were found to be fantasies. They were created by one of the alters to serve as a defensive screen preventing more prosaic traumatic memories from emerging during the course of therapy.

Ganaway (1989) presents the following clinical vignette:

> Sarah, the host alter in a 50-year-old multiple, was shocked when Carrie, a heretofore unknown 5-year-old part spontaneously emerged during a therapy session to relive in vivid detail her participation in a bizarre ritual abuse mass murder on a mountain-

side not far from her childhood home...Two sessions later Sherry, a previously known child alter, spontaneously emerged to confess that, as painful as it was to admit to herself, she had created Carrie to absorb the terror she had felt when her grandmother would read to her murder stories out of detective magazines when babysitting. (p. 211)

Similarly, Young et. al. (1991) discuss a patient who

. . .dissociated into a personality state who cut a pentagram on her forearm and marked her room with cult symbols. Later she had no idea what had happened, but another dissociated personality described a cult member who marked the wall and then cut her. This was experienced as a real external event by the second dissociated personality...(p.185-186)

Several authors including Hill & Goodwin (1989) have argued that ritual cult abuse constitutes a modern resurgence of satanic enactments which have a long tradition stretching back into at least the middle ages. Psychologist Richard Noll (1989) points out the evidential problems with the supposed historical record of satanic practices. He quotes the religious historian J. Gordon Melton (1986) who states that

The satanic tradition has been carried almost totally by the imaginative literature of non-Satanists— primarily conservative Christians, who describe these practices in vivid detail in the process of denouncing them. (p.76)

The British historian Norman Cohn (1975) argues that at least from the second century, unsubstantiated accusations of cannibalism, ritual abuse, and orgiastic promiscuity have been levelled at various minority groups throughout European history.

All of this in combination with the fact that so many of these memories are of early childhood experiences elicited from adults who are prone to dissociation during the course of psychotherapy (often under hypnosis) with therapists who strongly believe in the factual existence of the widespread incidence of ritual cult abuse, increase the likelihood that the material produced is highly confabulated.

## ALTERNATE EXPLANATIONS

Ganaway (1989) suggests a number of possible explanations for the large number of ritual cult abuse reports which have been emerging



from these patients. One is that these accounts are essentially screen memories for other traumatic events whose content is derived from internally generated fantasy influenced by the satanic stories and images which have permeated the mass market media. MPD and other dissociative patients would then create an entire world of cult figures who in turn manufacture pseudomemories of ritual cult abuse which feel like real memories to the main parts of the personality.

Young et.al (1991) make a similar suggestion, saying:

It is also possible that these patients have developed a powerful satanic metaphor for conveying and explaining other forms of severe abuse actually suffered during their childhoods. (p. 185)

Ganaway (1989) claims that there is a massive amount of networking among both patients and therapists in this country who are exchanging information and cross-validating each other's material concerning ritual cult abuse. He goes as far as to say:

This media blitz has reached the point where complex multiples not contaminated by the expectation of finding hidden satanic ritual abuse may soon become the exception rather than the rule. (p. 212)

Ganaway suggests another mechanism for the creation of a satanic abuse scenario in which more ordinary forms of abuse, usually within a family, are transformed by a child into something which satisfies grandiose wishes. In the typical RCA report the child is in a very special position, the singular focus of a great deal of attention from powerful and important adults. The child has been singled out to endure special punishments and humiliations.

## PSYCHOHISTORICAL CONSIDERATIONS

In this section of the paper I would like to start with the hypothesis that the vast majority of RCA and SRA reports are substantially false. If this is true then two questions arise. The first would be why so many people, including respected psychotherapists and scientists believe these tales to be true; while the second would be what personal, group, and cultural fantasies and wishes are being expressed by both the "victims" and those who believe their stories.

Let's start with the therapists in their offices or working on psychiatric units where patients are reporting these "memories." Psychotherapists are taught and encouraged to take an empathic

stance toward clients. When a client presents this type of material along with a strong wish to be believed, the therapist often feel that to take any stance other than believing the client, or at the very least, suspending their disbelief, would constitute an empathic failure. The therapist's fear is that to not believe, or even to doubt, will be experienced by the client as a symbolic re-enactment of the alleged original traumatic event. This is particularly true for clients who relate experiences of telling their stories to others who did not believe them.

In addition, if the clients, as is frequently the case, report some symptom relief and express gratitude for the therapist's help, when the therapist does take this believing stance, it tends to strengthen the idea that the reported trauma is real. The clients may well experience symptom relief, but this may be due to other mechanisms. For example, clients' anxiety and guilt may be reduced by feeling that now, at last, there is an explanation for the origin of their troubles. They were helpless victims of abuse and therefore bear no responsibility for their suffering. Ambiguity and uncertainty are banished while guilt vanishes.

Other errors to which therapists are prone include taking the client's production of realistic sounding details as evidence for the reality of the event being described. The problem is that specificity and plausability are just as characteristic of confabulation, in fact sometimes more so, as they are of truth.

We have good evidence that trauma, particularly if it is severe, leads to a variety of psychological symptoms and syndromes. However, the vast majority of therapists rarely have direct evidence about the nature of the original childhood trauma available to them. Most of the time therapists work with adult clients who are in considerable distress in their current lives. The information presented by the client about the past is, in most situations, about events that happened long ago and is subject to a variety of distortions. It is very easy for therapists to fall into the trap of falsely making the inference that since trauma leads to certain symptoms, that the existence of these same symtoms indicates that trauma has occurred. Possibly, but there are other possibilities as well.

It is quite easy for the therapist to slide into a stance where the severity of present symptoms is taken as strong evidence for the existence of severe trauma, even in the absence of any other evidence that trauma occured. The therapist can thus easily come to expect, predict, and even, directly or subtly, suggest to patients that there must have been some severe trauma in their past even if they have no conscious memory of such an event or events.



## THE CONTEXTUAL ARGUMENT

Psychotherapists and others who have come to believe in the literal reality of the stories of ritual and satanic cult abuse that they hear from their patients or other alleged victims, often justify their belief in the context of their knowledge of the prevalence of sexual abuse and the historical record of the many forms of sadistic and abusive acts that have occured. The reasoning goes something like this: We have learned, particularly over the last 20 years, of the existence of so much cruel and abusive treatment of children, and we also know of such a wide range and frequency of examples of man's inhumanity to man—the holocaust, genocide, wartime atrocities, mass murders, etc., so why shouldn't we believe in the existence of organized cults who do the kinds of things described by the "survivors"? Particularly, when the people who are telling us these things obviously believe them to be true, are not attempting to perpetrate a fraud for financial gain, are able to provide realistic sounding details of their experiences, and there are many of them telling somewhat similar stories, apparently independently of each other.

Citing evidence that some, or even most, of the stories are not true doesn't really seriously challenge the believer since, in a significant portion, there will be no conclusive evidence demonstrating they are untrue.

However, there are other contexts into which these stories can be placed. Throughout history there has always been a significant number of individuals or groups who report having experiences which are largely creations of fantasy. Just to name a few of the many such experiences, consider the reports of "close encounters of the third kind" with UFO's and their occupants, particularly the recent wave of UFO abduction reports as well as the reports of close encounters with all sorts of mythological beings including elves, fairies, jinns, goblins, incubi, succubi, vampires, werewolves, witches, angels, devils, Christ, the Virgin Mary as well as a host of other supernatural entities both benign and malicious.

Most of these entities have the decency to stay outside of their victims' skin. Not so with legions of demons, gods, spirits, ghosts, or other creatures who are said to take possession of their hosts, sometimes without invitation.

Then we have the go-betweens who pass messages from other realms to this one. They used to be called mediums but in their New Age incarnation they are known as channelers.

Then there are those who have privileged access to other dimen-

sions such as the astral travellers, and their cousins who have Out of Body Experiences; and those with special powers to affect the material or human world by moving things around or casting spells; or those whose powers allow them to penetrate the usual boundaries of space and time, individuals who are gifted with extra sensory perception or who are capable of prophecy or divination.

Those who report such experiences, like reporters of cult abuse experiences, for the most part, obviously believe their experiences to be true, are not perpetrating a fraud for financial gain, can often provide realistic sounding details and there are a large number of them who tell somewhat similar stories, apparently independently of one another.

## FANTASY ANALYSIS

Now I will move on to the second question mentioned earlier, namely, what personal, group, and cultural fantasies and wishes are being expressed through this material. There are a number of possible answers. Starting on the individual level, we know that finding an external agent to blame for the pain and misfortune of one's life involves the mechanisms of projection and projective identification. DeMause has referred to the process of finding a receptacle for one's unacceptable parts as the search for a poison container.

If we recognize the operation of projective processes then the next question becomes what is the unacceptable material that needs to be projected. In RCA a helpless victim is at the mercy of evil and powerful people. These people do invasive, intrusive, sometimes sadistic, and often sexual things to the victim's body for their own, somewhat unfathomable, purposes.

So we might hypothesize that the core experiences or wishes which need to be projected are those in which being intruded on and controlled by powerful others, who have their own agenda, are operative. The core affect states seem to be helplessness and fear along with rage, anger, and a desire to restore or reverse the power imbalance between the victim and the perpetrator.

This sounds very much like a description of the experience of a child growing up in a household with narcissistic parents. Parents who are busy, powerful, and very much involved in their own affairs—while only periodically focusing intense attention on their children. This mode of child rearing, as described, for example, in Alice Miller's work, is, unfortunately, becoming almost normative in our times. In its more severe forms children are treated, to use Kohut's term, as self-objects by



their parents. Parents who suffer from their own narcissistic difficulties use their children as extensions of themselves for the purpose of maintaining or enhancing their own self-esteem, with minimal consideration being given to their childrens' needs. A pattern of parental self-absorbtion along with an alternation between indifference and intrusive acts toward the child is characteristic of this style of child rearing.

Thus the victims may be expressing a psychological truth of their childhood—that they were controlled by powerful beings who sometimes did intrusive and sadistic things to them while being preoccupied with their own pursuits which were quite alien to those of their children. The stories in which prominent community figures and people of power and authority are said to be leaders in the cults are perhaps transferential representations of this type of childhood experience.

If we focus on the the abusive aspects of these reports, we might guess that there are sadistic wishes implicated. When the tales of abuse involve children, as is most often the case in RCA, then impulses to hurt children, and even infanticidal wishes become candidates for material in need of projection.

Focusing on the victim's helplessness and powerlessness might lead us to think about wishes to submit to the will of a powerful other.

In addition to the victims there are other players involved in the drama. With RCA there are the therapists, child abuse specialists, law enforcement officials, religious leaders, and others, who have become the moral crusaders in the campaign to stamp out the cults and prosecute the alleged perpetrators. Unfortunately, they too may be giving expression to sadistic and infanticidal wishes by means of persecuting and prosecuting innocent individuals by accusing them of criminal abuse. We now have a small army of investigators and experts interrogating children about what intrusive sadistic and sexual acts have been done to them. We have physicians conducting physical examinations of children including internal gynecological exams and swabbing throats to look for venereal diseases.

In Waco, Janet Reno used suspicion of child abuse as a justification for setting into motion events which predictably led to the death of a number of children.

The belief in the existence of an identifiable group of evildoers provides a convenient and effective projective screen, poison container, or scapegoat, into which individuals and groups can project their own unacceptable impulses. There is also the added benefit of then being able

to attack and attempt to annihilate this, now externalized, evil group.

The attraction and power of this type of mechanism is hard to overstate. Believing in the existence of the evil cults diminishes anxiety levels by reducing uncertainty and ambiguity. The mystery is solved—we now know who is responsible for what is wrong with our society. Where there were questions and unknowns, there are now answers and clear truths.

However, the most powerful reward that comes with becoming a believer is the lifting of the sense of guilt and responsibility—it is not I who is responsible for these evil thoughts and deeds, but the cult, the enemy who must be hunted down and destroyed. The alleged criminal cultists who are caught and dealt with by the law become our sacrificial victims, scapegoats whose punishment cleanses us of our sins.

Moving to the group and cultural levels we might start with the observation that a 1990 Gallup poll found that 55 to 60% of Americans believe in the existence of the Devil. This figure is up considerably from a 37% positive response to the same question in 1964 and a 50% response in 1973.[23]

The devil seems to enjoy a greater degree of popularity in the United States than in Europe. The same question asked in 1990 yielded a positive response rate of 17% in France, 21% in Great Britain, and 25% in Germany.[24]

The work of the sociologists and folklorists who study rumors, rumor panics, urban legends, and outbreaks of mass hysteria is also relevant to understanding the current epidemic of cult abuse reports.[25]

A rumor is a collectively shared story which is believed by a large number of people despite the absence of any clear evidence which would substantiate it. Rumor panics, as in the classic H. G. Wells *War of the Worlds* radio broadcast in 1938, are a form of rumor in which a situation of extreme danger is described which generates a widespread fear reaction. Urban legends, such as the tale of the alligators living in the New York City sewer system, are another variant of the rumor genre. Mass hysteria occurs when large numbers of individuals or whole communities come to believe a rumor panic, such as in the Salem witch trials.

The sociologist David Bromley has identified one form of rumor or urban legend which he calls a "subversion myth." Such a myth involves the naming of a dangerous threat to society, the identification of a group of conspirators who are creating the danger, labelling the



means by which the conspirators manipulate and control their victims, and the course of action that needs to be taken to thwart the evil. Bromley adds that these kinds of myths gain a high degree of plausability because of the testimonials given by victims or former members and the widespread media exposure they get in family magazines, TV talk shows and documentaries, and tabloid newspapers.

Pernicious rumors of this sort proliferate in times of uncertainty, stress, conflict, and crisis. They are one way the group expresses its anxiety about whatever current events are disturbing it. The contemporary satanic and ritual cult abuse epidemic clearly fits into this domain of rumor panic and subversion myth.

The sociologist Victor (1993) has suggested that the current epidemic of RCA accusations in day care centers involves a projection of parental guilt about abandoning their children to the care of strangers.

Wright (1993) suggests that satanists and cult leaders have come to replace communism and the "evil empire" as the latest candidate for external enemy who is responsible for all of our troubles. The evidence for this lies in the fact that the explosion in the number of reports is occuring at the same time as the collapse of international communism, making it no longer suitable as a container of projected wishes and paranoid fears.

One of the leading professional proponents of the reality of RCA, the psychiatrist Bennet Braun (Braun & Sachs 1988), has actually said, in reference to Satanic Cults,

> We are working with a national-international type organization that's got a structure somewhat similar to the Communist cell structure, where it goes from local small groups to local consuls, regional consuls, district consuls, national consuls and they have meetings at different times. (audio tape #IVd-436)

> When trying to answer the question of why these tales are so prevalent at this time it would be difficult to underestimate the importance of the media in the transmission and spread of information and rumor. The current popularity of RCA on the talk show circuit, in the large circulation popular magazines, and mass market paperbacks is historically novel. When there is this kind of media exposure the culture becomes saturated in a largely unconscious manner. Often, we do not focus directly on the information—we don't sit and watch an entire Oprah or Geraldo—it's

more likely that we would hear a commercial for the show as we're sitting flicking channels on the remote. These are the kinds of events, when they become repititious, that permeate the cultural unconscious and become a dominant aspect of the group-fantasy. They lay the groundwork that makes the tales of SRA plausable and believable to those who hear them and allows those who are most vulnerable and impulsive, to act out the group-fantasy, by reporting that they are the victims of these bizarre practices.

With regard to the spread of these beliefs within certain circles of the psychotherapeutic community, there are some very clear and direct lines of transmission. In 1984, the First International Conference on Multiple Personality/Dissociative States was held in Chicago. Since then, this conference has become a yearly event. There are also regional conferences sponsored by the same organization as well as numerous other conferences, seminars, and workshops in which RCA and SRA are either the main focus or are given a significant amount of attention.

The frequency of these professional gatherings as well as the percentage of time devoted to RCA and SRA at them has been steadily increasing from 1984 up to the present time. At the 1986 Multiple Personality/Dissociative States International Conference, there were 9 papers dealing with SRA, all of which treated patients' reports as literal truth. A survey of conference participants indicated that 25% of their patients were reporting SRA or RCA. By 1989 20% of the scientific program, in addition to a full day post-conference workshop, were devoted to SRA and RCA.

For those who can't attend these conferences and workshops personally, proceedings are available on audio cassette.

Workshops and seminars on RCA and SRA given by "cult experts" frequently start off with an acknowledgement of the lack of material evidence corroborating patient reports, but then go on to present a wealth of material about satanic cults including descriptions of how they are organized, the techniques they use, and the terrible things they do. There are often slide presentations with reproductions of patients' drawings, satanic grafitti, and satanic paraphernalia, all of which is designed to lend credence to the objective existence of satanic cults which engage in evil behavior.



## ON THE CONFUSION OF TONGUES

One of the more unfortunate results of this whole controversy is the rancor generated in the therapeutic community between the believers and the skeptics. In the rapidly expanding area of working with victims of trauma we have therapists who see patients, the vast majority of whom are clearly victims of all too real traumatic events including sexual abuse, physical abuse, rape, domestic violence, and a variety of other violent and destructive events in their lives resulting either from man-made or natural causes.

When these therapists hear others talking about not believing someone's report of abuse, they see denial and the further traumatization of the victim.

Most often these patients have clear and continuous memories of the traumatic events they have experienced. Their memories are consistent with other things that are known about their histories and their accounts are usually coherent, both internally and externally consistent, and believable.

The skeptics are talking about different kinds of situations. Most often these patients, upon entering therapy, have no or few memories of their trauma. The memories they do have are often hazy and not clear.

Another factor which distinguishes these memories from those of real truama victims is the weird, bizarre, unusual, and unbelievable nature of the memories, which characterize the vast majority of those involving SRA, RCA, and UFO abductions.

For the most part, the two patient populations are non-overlapping. There are, however, some significant exceptions, gray areas where the two groups do overlap. This is the territory of the False Memory Syndrome and recovered memory controversies. A full discussion of these topics is beyond the scope of this paper. I would just make one comment. There is one principle which may help sort out the false from the true: if the events described are implausible, bizarre, and have no external corroboration, in short if they are unbelievable, then they probably didn't happen.

To close, I would like to briefly address some of the more frightening and dangerous aspects of these phenomena. We have seen that in the cases in Manchester, the Orkneys, the Country Walk and McMartin preschools, the tragedy of the Ingram family in Olympia, as well as many others not mentioned here, that there are some very real victims, innocent of any wrongdoing, who have suffered traumatic con-

sequences from being caught up in a net of hysterical accusations. Numerous other situations in which families are torn apart and individuals have experienced enormous pain and suffering after being falsely accused are being brought forward by the members of the "false memory syndrome" group and the various media outlets which are publicizing their stories.

Unfortunately, the therapists who are too eager to believe the outlandish tales told by their patients bear some degree of responsibility for the harm which has resulted in the rising level of belief in these accusations. One might say the same of those in the field who, while not professing to be committed believers, are at least quite open to the possibility that such reports, even the more outlandish ones, are literally true. One is stretching the meaning of neutrality to maintain this type of "agnostic" stance in the face of mounting evidence that there is no corroboration for the reality of these events.

Perhaps the most frightening possibility in connection with the current wave of RCA reports is that it may become a self-fulfilling prophecy. When material of this nature becomes widespread within a group, there are always at least a small number of individuals who, acting as delegates for the group fantasy, are capable of acting on the group's desire, turning the fantasy into a reality.

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1. Reports mostly from patients diagnosed with MPD or other less severe dissociative disorders are given in Braun (1986, 1989), Braun & Sachs (1988), Gould (1987), Finkelhor et. al. (1988a), Kelley (1988), Kluft (1988), Terr (1988), Young (1988), Putnam (1989), Young et. al. (1991), and Sakheim & Devine (1992).
2. Watters (1993).
3. Books include Kahaner (1988), Lyons (1988), Johnston (1989), and Raschke (1990). For a recent magazine piece see Ms. Jan/Feb 1993.
4. For example "Satanism" - Oprah Winfrey Show, 9/86."Satanic Worship" - Oprah Winfrey Show, 2/88. "Satanic Breeders: Babies for Sacrifice" - Geraldo, 10/88; "Baby Breeders" - Sally Jesse Raphael Show, 2/89. "Devil Babies" - Sally Jesse Raphael Show, 7/91. "Investigating Multiple Personalities: Did the Devil Make Them Do It" - Geraldo, 9/91.
5. See Braun (1988), Beere (1989), Greaves(1989), Hammond (1989), Vickery et. al. (1989) & Young (1989).
6. See Hicks (1991) and Sakheim & Devine (1992).*f*
7. See Terry (1987), Finkelhor et. al. (1988a, 1988b) and Kahaner (1988).
8. See Terry (1987) & Jenkins & Maier-Katkin (1991).
9. Hicks (1991).



10. See Noll (1989, 1990), Gardner (1991), Hicks (1991), Matzner (1991), Richardson, et. al. (1991), Baker (1992), and Victor (1993).
11. Victor (1993).
12. ibid. p. 80-81.
13. ibid. p. 118-119.
14. See Nathan (1991) for court cases involving accusations of RCA between 1984 and 1989.
15. See Laurence & Perry (1983), Orne et. al. (1984), Pettinati (1988), Sheehan (1988).
16. See Orne et. al. (1984) and Pettinati (1988).
17. See Spiegal & Spiegal (1978) & Pettinati (1988).
18. Goleman (1993).
19. Wright (1993) & Jaroff (1993).
20. See for example Finkelhor et. al. (1988a), Lyons (1988), and Lanning (1989).
21. In particular see Kluft (1984, 1989), Ganaway (1989), and Young et. al. (1991).
22. For example see Ganaway (1989) and Victor (1993).
23. See Morgan & Hilgard (1975) & Frankel (1990).
24. Gallup & Newport (1991).
25. See Erikson (1966), Brunvand (1984), Balch (1989), Carlson & Larue (1989), Hicks (1991), Victor (1993), and Bromley (in press).
26. Mulhern (1991).

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ROLAND C. SUMMIT

# *The Dark Tunnels of McMartin*

## FALSE ARGUMENTS

The subject of ritual cult abuse of children is so loathsome and provocative that it is at risk of being regarded only in extremes. Those drawn into believing that there is such a thing become fascinated and terrified by its limitless implications while those who remain skeptical seem determined to quash and disqualify any evidence that it might exist. Most of those who believe have been personally touched and emotionally moved by association with alleged victims, while the skeptics enjoy the luxury of analyzing the phenomena in retrospect from a distance that passes for objectivity. Both sides of this divergent drift seem reluctant to acknowledge a possible intermediate reality: that while some aspects of the accounts are patently impossible, there remains an elusive core of sadistic obscenity.

It should be obvious that any possibility of such inconceivable and invisible cruelty must be confronted and understood before we as a people can move ahead to define the real dimensions of human experience and the remarkable complexities of personal and collective psychohistory. Considering the potential benefits of that confrontation—new insight into alienation, despair, rage, violence, dissociation, and the vagaries of memory and of ultimate accountability—it is all the more remarkable and lamentable that scholars are willing to harp at the extremes (worldwide satanic subversion versus therapist-induced hysteria) rather than to delve into the common ground of human perversity and deliberate psychic trauma.

The distractive, polarizing debate is renewed in David Lotto's opening challenge in this scholarly *Journal of Psychohistory.*[1] Must we start

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with witches and witch hunts? Should we cancel the message by attacking the character of the messengers? Can we define history by assigning cause and effect to untested *post hoc* connections?

Dr. Lotto traces the origin of ritual cult abuse survivor stories to 1980, with the patient/therapist collaboration of *Michelle Remembers*.[2] Such attribution of cause and effect is no less magical than assigning the power of springtime to the first crocus. And how is it relevant that Dr. Pazder divorced his wife and married his former patient, or that the psychologist who "interrogated" Ileana Fuster before her testimony in The Country Walk prosecution had himself been imprisoned for sexual assault of his clients? Such *ad hominem* examples assign a moral defect to the entire class of professionals who elicit lurid confessions from their clients. The credibility of every informant is similarly trashed by the droning presumption that they are all either infantile, mentally ill, or locked in a *folie a deux* with misguided therapists.

If *post hoc ergo propter hoc* arguments are to be honored, and if an author is to be equally empathic with all the players, one might consider that McMartin whistle blower Judy Johnson's psychotic break and alcoholic toxicity were precipitated by, rather than precipitants of, her desperate concern that she and her not-quite three-year-old son were victims of unfathomable treachery. Having met Ms. Johnson in February, 1984 I am convinced of the first option. Judy Johnson was quite sane and emotionally contained even as she described the improbable complaints of her child: "He doesn't like to talk about being buried alive or about large animals; he was sodomized by a lion."[3] Such complaints were unheard of in 1984, but they made more sense as older, less credulous children in the Netherlands (1987), England (1988) and North Carolina (1989) made quite independent observations that the wild animals had zippers on their costumes.

It is painful even to contemplate the stresses this young mother tried to endure during the succeeding years. She had always been an anomaly among McMartin parents, an outsider without access to the supportive social groups that had patronized the preschool. She was alienated from her husband and increasingly reclusive in a small house with her two children, one a putative victim of a formless conspiracy and the other dying of a brain malignancy. She barricaded herself against the menacing strangers who patrolled her yard. Who knows if they were intimidating conspirators or toxic hallucinations? Her hyperprotective stance toward her children warranted protective service and mental health intervention and she was hospitalized briefly. I did not recognize



Judy Johnson the last time I saw her alive, in the summer of 1986; she was bloated and somewhat incoherent, visibly damaged.

The extensive criminal investigation and the evidence selected by prosecutors for the McMartin trials had nothing to do with information gained from Judy or her child. Nor did she galvanize parental group hysteria. She lived and died an outsider in Manhattan Beach society. She was fair game for the posthumous recreation as the cause of it all. For the successful theory of defense and in the legacy of two mistrials she became the icon of hysterical misconception, the Chicken Little of a bird-brained gaggle of malicious parents. For those who knew her through those harried years she was the perfect embodiment of a sad truth: the individual who is suspicious enough to uncover a perfectly hidden evil will have to shoulder the blame for the chaos that is bound to follow.[4]

The Miami Country Walk convictions, featured in Dr. Lotto's argument as a miscarriage of justice, are ripe for attack because they stand in the way of a backlash sweep. The case has remained as the most demonstrably real and potentially understandable of all the ritual prosecutions to date. Investigators found physical evidence, including photographs of unmistakable fecal fetishism showing Frank Fuster's wife and child soiled with feces. The crucifix described by the children as the instrument of Fuster's bloody demonstrations of the rape of Ileana was found under the mattress of their bed. Frank Fuster's own child described the private, utterly sadistic tortures he and Ileana endured apart from the other children in their care. The case was not burdened with allegations of hooded strangers, satanic ceremonies, birth rituals or infant sacrifice; children described the stuff of exorbitant human perversity.

The Country Walk case is unique for the information and testimony gained from a co-defendant, but Ileana's dramatic turnabout was not the pivotal element for the jury. Ileana decided to testify, at the urging of her attorney and with no plea bargain with prosecutors, only after jurors were reduced to tears in response to viewing the entirety of the videotaped interviews with the children. Earlier, Ileana had shown a slave-like loyalty to her husband. Her deposition just prior to testimony described a dismally recognizable pattern of teenage sexual enslavement: deception, kidnap, rape-marriage, perverse humiliation and torture imposed by her husband before he presented her to his Country Walk neighbors as an adult specialist in child care. When she finally renounced him in the courtroom, she was like a child cringing in terror against all-powerful retaliation.

The skepticism encouraged by the woeful lack of physical evidence in typical multivictim, sadistic sexual abuse cases can be artificially hyped by the double standard applied to victim disclosures: claims of the improbable are logically rejected while retractions are uncritically embraced as definitive. Recollections of unspeakable trauma are said to be distorted by dissociation or implanted by suggestion while denials are literally endorsed. The most misleading aspect of Dr. Lotto's apparently sophisticated and psychologically enlightened opening article is its adherence to that simple and socially reassuring double standard. He dismisses Ileana's elaborate and selfjeopardizing description of her involvement as coached and coerced while her continuing self-justification is advanced as the argument not only for her own innocence but for the exculpation of her co-defendant.

Ileana couched her confession within a contradictory assertion of innocence. Such ambivalence and confusion invite psychological considerations beyond a simple truth-or-lie dichotomy. Instead, Dr. Lotto chooses one side of that uncertainty to nullify the judgment of the jury, the parents, and the children. But dissociation cuts both ways; if victims of unspeakable acts cannot accurately own the reality of their experience, can we insist that the accused are perfectly in touch with and accountable for their unspeakable actions?

When I had occasion to talk with Ileana Fuster after her testimony, she was irate in her self-defense, but more telling in the psychological complexity of her dilemma. I had asked her how it was that she had so perfectly protested her innocence, and how she had passed the polygraphs if she had done the things she described. "I didn't do those things," she protested, "I couldn't do things like that; I'm not that kind of person! Frank made me do them."

Who is to blame for the explosion of strange stories of sexual sadism? How are we to interpret the quixotic reversals of ambivalent assertions? If we can't consider some core of truth without physical proof, can we allow contrived "reasonable explanations" to prove everything is false? The reasonable explanations have proliferated in the wake of unreasonable allegations. That response is clearly opportunistic of the *status quo,* supported by no more relevant or verifiable evidence than the precipitating alarms. A jury found Frank Fuster guilty, beyond a reasonable doubt, of incredibly obscene behavior. Investigative reporters, on a demonstrated mission to debunk "satanic panic," have proclaimed him innocent.[5]

In his conclusion Dr. Lotto discounts the traumatic consequences



for innumerable children as he defines Frank Fuster along with those accused in the McMartin trials as "the very real victims, innocent of any wrongdoing, who have suffered traumatic consequences from being caught up in a net of hysterical accusations."

Who are we to be so sure of anything in the unresolved confusion of ritual allegations? How can we tolerate preemptive conclusions before we have examined the most rudimentary questions? If criminal conviction of defendants is not only irrelevant but prejudicial to the credibility of the complaining witnesses, what will it take to re-examine the potential reality of these unwelcome complaints?

Would additional material evidence vindicate the merely testimonial proofs already rejected? If Judy Johnson's concern for underground terror, or the McMartin children's claims of tunnels under the preschool had solid verification, would that make a difference? The tunnels were, in fact, found in 1990, only to be met with massive indifference.

## THE TUNNELS

Parents and therapists began hearing children's descriptions of underground activities within months of their initial, more conservative disclosures. Children described tunnels under the floor of the preschool which led to an outside exit under the rabbit hutch, and another underground passage to the neighboring building. They explained they would be loaded into vehicles in the garage of that building for transport to other locations of group ritual. They described also a secret room accessed by the tunnels under the preschool.

As in other cases, such claims proved an embarrassing red herring for investigators. In common with descriptions of murder and pornography, they promise discovery of the tantalizing smoking gun, the concrete evidence that would confirm what might otherwise be dismissed as infantile fantasies. When there are no bodies or blood, or when the photos and videotapes can not be displayed, these "fish that got away" tend to cast doubt on the veracity of the more modest claims, no matter how plausible and recognizable the initial disclosures might have been. Since the elusive fish are also descriptive of the most threatening and grandiose scenarios—cult ritual with human sacrifice, pornographic exhibitions, profiteering in organized crime—they also precipitate an angry rift between believers and skeptics, especially between parents and police. Parents become preoccupied by the terrifying implications of these larger dimensions of victimization while police, trained to avoid speculation in the absence of evidence, view parents

as alarmist and irrational in their naive credulity.

Priorities of prosecution further widen the rift. Child molestation is a recognizable crime which can proceed to conviction on the unsupported testimony of its victims. Religious ritual is constitutionally exempt from prejudicial harassment. In the absence of adult informants and incontrovertible evidence of criminal activities, the implications of multiperpetrator conspiracies, occult networks of religious fanatics—even the very existence of an undiscovered class of grotesque criminality—become ridiculous impediments to any hope of conviction. Parents see their children as spiritually mutilated while prosecutors seek refuge in the familiar confines of sexual touching. Lacking support from the institutions of justice, the more inventive parents will pursue their own investigations and develop their own conclusions, increasingly indifferent to the restrictions of conventional logic and restraint. Any information gained through such vigilant research is an embarrassment to the constraints of prosecution.

Such was the course of the McMartin investigation. A small assemblage of the most assertive parents pressured the district attorney to search for the tunnels and to find the off-campus locations where babies were slaughtered. When they met with stonewalling the parents began their own forays in the neighborhood. Children led them to a mortuary/crematory where they claimed to have pummeled dead bodies and watched people burn. Parents were convinced that interior decorating confirmed the identity with details anticipated by children's descriptions.[6] Prosecutors received such information with resentment and distrust. It was both outside an acceptable chain of evidence and alien to what they could reasonably charge.

In order to force the prosecutors' hands on the tunnel question, parents commissioned a backhoe one Saturday (March 16, 1985) and began digging in the lot next to the preschool, where children described the burial of sacrificial animals. The district attorney's office then commissioned a limited archaeological survey of the site. The net effect of that effort was to disclaim any unusual underground activity. Although all of the digging was outside of the building, with no attempt to cut through the concrete slab floor of the preschool itself, the officials declared there were no tunnels on the site.

Although ritual elements were deliberately excluded from prosecution, defense attorneys ridiculed the willingness of therapists and parents to support the bizarre conspiracy theories implied by the children. A boy who had testified for prosecutors only about sexual touching responded to defense cross-examination with a typically grandiose, tough-kid description of physically lifting a body from an open grave. Other child witnesses described satanic weddings in neighborhood churches.



Prosecutors had two choices: Containment or chaos. Either the children experienced only sexual molestation at the hands of defendant employees within the McMartin Preschool itself, and they only imagined the tunnels, or someone had dug an escape route to an unrecognizable underworld of sex and death orgies. Prosecutors took the simple choice and thereby deferred to the skeptics, agreeing that children imagined the strange things—but they really were molested. The jury found the defense explanation more reasonable: a demonstrably crazy woman had initiated a satanic witch hunt which was swept into absurd illusion through leading questions from therapists and hysterical reinforcement by parents eager to put themselves in the limelight of the case of the century.

After more than five years of glaring public exposure and 33 consecutive months of the longest and most expensive trial in history, the verdicts of January 8, 1990 left most parents angry and confused but at least reconciled to a return to private life. The willingness of a few to protest the failure of prosecution on television talk shows exposed them to a peculiar kind of vilification. They were the perfect scapegoats for a small band of investigative journalists out to save the world from superstitious nonsense. The backlash gospel is simple: Those who trumpet the hazards of ritual abuse are the ones responsible for creating it. And they should be punished.

> The decision [to retry Raymond Buckey on the undecided counts] came after a period of grotesque agitation by the parents of the supposedly abused McMartin children. They appeared on talk shows, and terrorized Los Angeles Board of County Supervisors into voting 4 to 1 to urge the district attorney to a new trial.
>
> So now the McMartin parents can triumphantly torture poor Ray Buckey again, abetted by the cowards and opportunists in the justice system. But if people can be prosecuted on the words of children, then children should take full responsibility for what they are saying. If a child says he saw Ray Buckey kill a horse with a baseball bat (which one did claim) and if this charge is disproved (which it was), then the child should be indicted for perjury, with present prohibition against such infant indictment removed.

If a parent abetted the child in this false accusation, then this parent should be indicted for perjury, too. If the court then establishes that parent and child were lying, at least the parent should suffer the consequences. A few well-publicized sentences of imprisonment of parents (along with "therapists" and social workers, it goes without saying) and we would see a speedy end to these disgusting miscarriages of justice.[7]

## THE ARCHAEOLOGICAL PROJECT

Despite such pervasive scapegoating and predictable attrition, a few parents remained alert to some hope of vindicating their children. The opportunity came in April, 1990 with permission from the new owner of the preschool to search for the tunnels before he demolished the building and redeveloped the property. These soiled but solid citizens managed to find what the district attorney had disclaimed: solid, scientific evidence that someone had not only dug tunnels under the preschool, but also had taken the trouble to try to undo them. The results of this definitive excavation are described in meticulous detail in the 185 page *Report of the Archaeological Excavation of the McMartin Preschool Site* by E. Gary Stickel, Ph.D., the UCLA archaeologist commissioned to do the study.[8]

My experience of the human background of this technical report adds insight into the difficulty of establishing proof beyond reasonable doubt of improbable claims, especially from a grass roots level of interest. On first gaining permission, parents began digging in the closet (in the northeast corner of classroom #3) described by children as the entrance to a tunnel leading to the secret room (see Figure 1, marked Unit 2). They found flecks of matching paint in the dirt they removed, which could have proved that a shaft had once been open to the closet above, but their amateur efforts left open the possibility that those vital markers had merely fallen into the hole during their own excavation.

Such ambiguity led to some dissention among the parents and the burdensome decision to commission a professional, scientific study. From that point, established April 21, 1990, the project was impeded both by a conspicuous absence of funds and a diminishing number of participating parents. The financial and organizational responsibility settled on only one parent, Jackie McGauley, who, not unlike her one-time friend, Judy Johnson, is a single parent of two children, struggling



to make ends meet, without traditional ties to other McMartin parental circles. Even the post-traumatic camaraderie that had once defined a larger parental affiliation had long since dissipated into somewhat alienated factions critical of one another for their divergent responses to the experience.[9]

This left just one person responsible for soliciting funding for the project itself and the production of the report, with no apparent institution or avenue available for ultimate publication and distribution. Commercial publishers have a ready market for outrageously opinionated books like Paul and Shirley Eberle's *The Abuse of Innocence: The McMartin Preschool Trial*.[10] Such revisionist manifestos proclaim a conspiracy of misguided prosecutors, therapists and parents as the sole abusers of the children. Who will pay for a dry, scholarly treatise that only implies that something monstrous really happened, especially if the report is promoted by the last remaining parental zealot? There is no really legitimate institution for rehabilitation of children's stifled complaints of mysterious exploitation.

## AND THE CHILDREN SHALL LEAD THEM

At least one child had a voice in the archaeological project. Time was running out before the bulldozers would obliterate the site and there seemed to be no trace of the children's secret room. Joanie,[11] 12 years old, was visiting her old preschool with her mother. Dr. Stickel asked her, "Can you tell us where it was that you entered the tunnels and which way you turned?" Joanie gave a meticulous description of every step along the way. Starting from the parents' dig in the northeast corner of classroom #3, she described being lifted down a hole, turning right, going straight past the roots that brushed your face, turning right again where you were hurried through the long tunnel. "I liked to stop where the pipe was and swing on it. There was a little boy who couldn't reach the pipe, and sometimes I'd lift him up so he could touch it. But right after that you had to duck down so you wouldn't hit your head on the cement, then you had to run again to get to the secret room."

Part of the course Joanie described corresponded to twin anomalies which had been detected earlier by ground penetrating radar. Corresponding openings had been cut in the concrete (Unit 1, classroom 3 and Unit 2, classroom 4, see Figure 1) but nothing unusual had been found. Encouraged now by Joanie's explicit directions, the archaeologists extended the dimensions of the Unit 1 dig and discovered

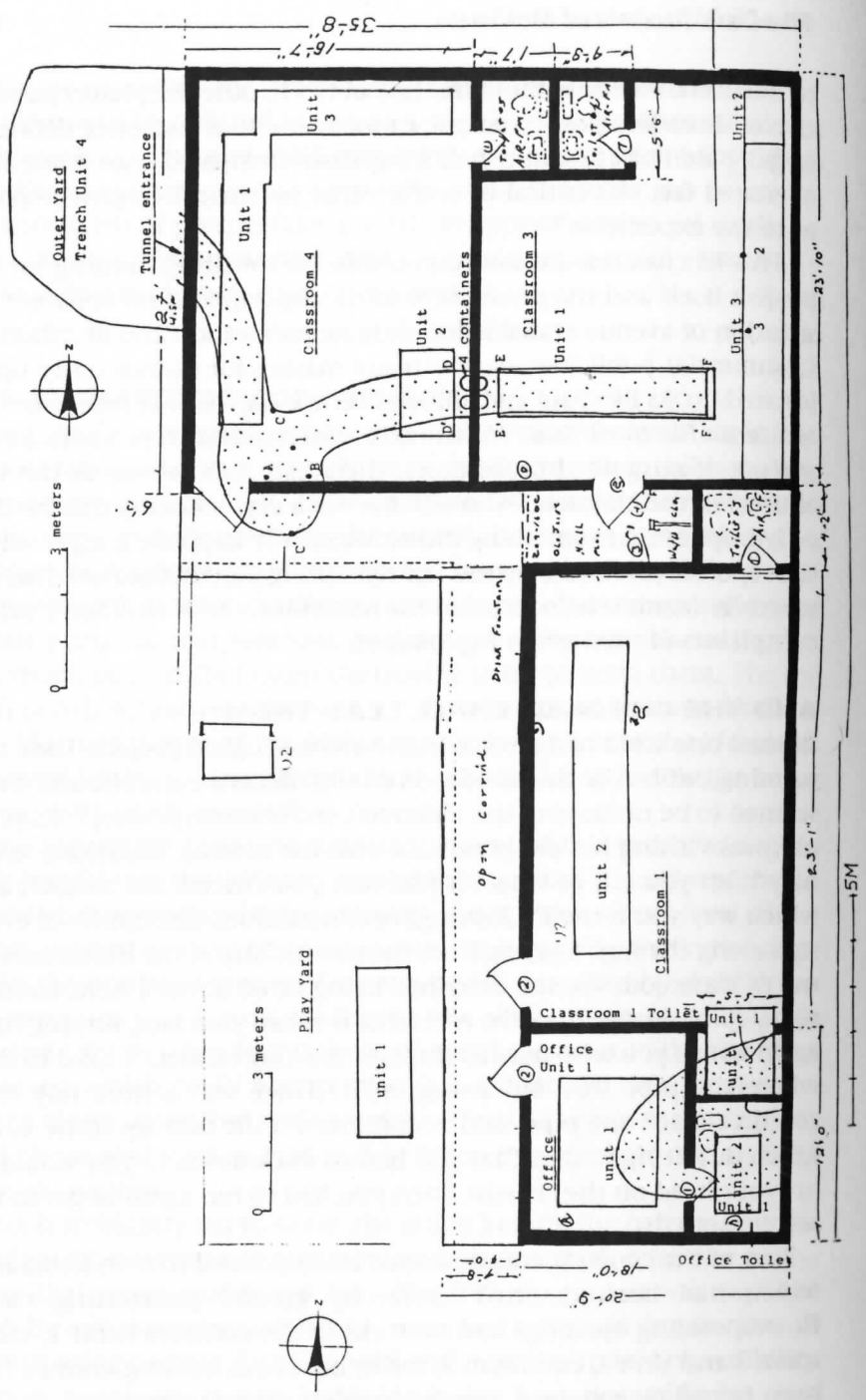


Figure 1
McMartin Preschool Site Drawing With Tunnel
From E. Gary Stickel, *Archaeological Investigations of The McMartin Preschool Site, Manhattan Beach, California*. Copyright 1993 by McMartin Tunnel Project. Reproduced by permission.



an interface of contrasting soil. The concrete cutout had matched the side walls of the tunnel so perfectly that the earlier dig had passed right through the filled-in tunnel without ever distinguishing its margins. Now that the profile of contrasting soil was defined the tunnel could be reopened with precision. It proceeded westward beneath a cast iron waste pipe, just as Joanie had described, and then passed under the deep concrete foundation of the wall separating classrooms #3 and #4. At the point where the tunnel passed under the foundation, and only at that point, the concrete had been arched upward and worn smooth, in contrast to the adjacent ragged contours and texture assumed by concrete poured into an earthbottomed trench. Under the classroom to the west the tunnel proceeded into a wide, room-like potential space of contrasting earth fill bearing remnants of timber, plywood and tar paper which appeared to have shored up the ceiling of a "secret" room. All this had been implied for years by numerous children and anticipated on the spot by Joanie.

There was not time to determine the entire parameters of the room-like space, but there was enough excavation to show that it was 6 feet 8 inches high and at least 9 feet in diameter, and that it connected through the predicted transit pattern to a previously discovered tunnel artifact turning to the north and exiting under the foundation of the west wall of the building, where the rabbit hutch used to be. Although this landmark had been a target for the first parental backhoe expedition and the District Attorney's archaeological search, and although those previous excavations partially obscured the outer features, two of the project's most definitive items were found just inside of the western foundation. One was a tree root that had originally grown across the path of the exit tunnel before being sawed away. The proximal section of that root, still feeding the distant avocado tree, had partially healed and sent out new sprouts where it had been cut some years before. The distal section, isolated at the other side of the exit, was withered and dead.

Beneath the floor of the exit, inside of the vertical plane of the foundation in fill undisturbed by the earlier excavations, a plastic lunch bag was found bearing the date of its distribution: "DISNEY CLASS 82/83," also printed "©1982 Walt Disney Productions." Except for some kind of clandestine intrusion, nothing in that location could have been newer than September, 1966, when the foundation was poured.

Besides being different in color, texture and compaction from the surrounding matrix, the dirt which filled the tunnel spaces varied in

composition along the length of the tunnel itself, always at odds with the adjacent, indigenous soil. The western extremities of the fill, including the room-like space, were peppered with a kind of trash pit debris: old cans and bottles dating from the twenties through the fifties, as if to establish a provenance antedating the 1966 construction of the preschool building itself.

The most conspicuous and naturally inexplicable items were found placed exactly under the concrete arch between the two classrooms. These were four large containers, two enameled iron pots, a crockery jar, and a cast iron cauldron, arranged together in an upright position, resting not where the floor would have been but halfway up to the ceiling. There was no theoretical explanation for such location except that they were placed deliberately within a pre-existing, half-filled trench or tunnel. If all the artifacts represented random scatter of trash on an earlier dump site, as some skeptics have asserted, there is no justification for their exclusive delineation within a discrete pattern of tunnels or trenches. And if such conspicuous items as the four large containers had been littered on a dump site, they would not have survived clustered, upright and unbroken through the subsequent grading and leveling of the preschool site.

The pattern of tunnels conformed to the architecture of the overlying building but had absolutely no purpose or conformity to expected trenching for foundations or utilities. In fact, the profile of the shallow trench dug to accommodate the waste pipe leading across the main tunnel (Joanie's reach-up-and-touch pipe) was clearly distinguishable as mechanically dug, showing the sharp angulation characteristic of a backhoe, whereas the tunnels had a rounded floor contour and shovel marks, showing that they had been dug by hand, presumably under the pre-existing concrete. The stainless steel pipe clamps joining an angle of the pipe where it crossed through the tunnel space had a different quality from clamps elsewhere which had remained buried since installation. The other clamps were corroded from years of soil contact, while those crossing the tunnel looked shiny and new.

Other features fell into uncanny, perversely predictable patterns, but scientific documentation was less definitive for lack of time or lacking permission to extend the excavations. There were roots protruding into the fill where Joanie had predicted, along with a linear succession of rotting posts that might have shored that portion of the tunnel (marked 2 and 3 in Unit 3, Classroom 3, Figure 1).

There was tentative identification of a shaft and horizontal passage



at the south-east end of the building, where children described going from the closet to the building next door. A discrete tunnel could be defined on the basis of differential fill and interruption of tree roots, leading under the eastern wall and several feet beyond the property line toward the adjacent triplex building (Figure 1). Owners of the property refused permission for further excavation, so the actual terminus of that tunnel feature remains open to speculation.

On May 29, 1990, I was invited to inspect the excavations. A district attorney's representative looked in from the surface, never soiling his suit to observe the demonstrated profiles of contrasting soil nor crawling under walls to appreciate the extent and utility of those potential tunnels. Prosecutors were at that time locked into the retrial, trying unsuccessfully to prove the few deadlocked counts of sexual molestation against a lone defendant. No one in authority could possibly want to reopen old wounds of putative conspiracy.

The bulldozer moved in that afternoon and quickly smashed the stucco building into splinters and dust. I have always wondered since that day why such a flimsy structure needed a 29-inch-deep foundation to support a non-weight-bearing partition between two classrooms. The four-inch slab itself would have been code-sufficient. Could it have been designed as a strong-back girder over future sub-slab excavations? There is no sensible explanation better than Joanie's naive observation than it was there to bump your head on. Dr. Stickel's report (p. 95) concludes:

> There is no other scenario that fits all of the facts except that the feature was indeed a tunnel. The date of the construction and use of the tunnel was not absolutely established, but an assessment of seven factors of data all indicate that it was probably constructed, used and completely filled back in after 1966 (the construction date of the preschool). This age assessment has also been corroborated by the consulting Geologist for the project, Dr. Don Michael ...

Therefore, this project's goals or objectives were met with data which probabilistically corroborates reports made by the children regarding the site.

## THE AFTERMATH

*People* magazine sent a reporter to interview Dr. Stickel. She reported to headquarters the remarkable misunderstanding that the project found nothing. Hearing this I called Dr. Stickel, who was dumb-

founded: "I told her the children said there were tunnels and we found tunnels. It was as simple as that." With some inside pressure, the magazine researched a more definitive appraisal of the project but it was bumped by more urgent priorities of space, perhaps by an unexpected celebrity marriage or divorce.

Dr. Stickel, Jackie McGauley, another parent and two now-adolescent McMartin children were brought face-to-face with debunking authors Paul and Shirley Eberle and defense attorney Danny Davis for the *Maury Povich Show,* broadcast June 21, 1993. In response to all the complicated and sometimes explosive arguments which erupted during that hour, Mr. Povich met Dr. Stickel's description of the tunnels with the perfect dismissal: "What are we saying? Any *hard* evidence that *abuse* took place in these tunnels?" (emphasis his).[12]

At this point in the vastly larger, festering issue of ritual abuse, there is little hope of hard evidence for *anything,* especially for specific, ultimately trivial issues of individual criminal culpability. Frank Fuster's conviction served best to excite more ingenious efforts toward blaming the victims. In the absence of a published tunnel report, the last word in print remains with award-winning Debbie Nathan:

> The McMartin School was painstakingly probed for tunnels [by the District Attorney]. None were found.... [The McMartin] parents have invested years believing in demonic conspiracies and underground nursery tunnels. (Until recently the parents were still digging. They came up with Indian artifacts). They have spoken unremittingly of such things, to the world and to their sons and daughters. They have told their children, over and over, that they were abused, then rewarded them for being traumatized. They have put them in therapy with adult fanatics who have done the same, and enrolled them as guinea pigs in the "research" projects of zealots.
>
> The McMartin kids, and hundreds of others in ritual abuse spinoffs across the country, have spent years trapped in clans whose identity derives from a tent-revival belief in their children's imagined victimization.[13]

The McMartin Tunnels are just one more example of the continuing uncovering of evidence of a bizarre and industrious dedication to deception. The tunnels should raise serious questions against the reassuring premise that no one would go to such elaborate lengths to entrap children into illicit control. If the therapists were to blame, and they implanted only stories of tunnels, then who planted the pots in Joanie's runway? The continuing obscurity of this potentially provocative archaeological discovery should give the lie to another reassurance: if things like this went on it would be impossible to hide the evidence. It is not so much that the evidence is difficult to hide as that we as a just and fair society are incapable of seeing it.



Judy Johnson saw blood on her infant's diaper and she paid a terrible price for trying to find how it got there. Other McMartin parents, now distilled down to the essence of one, tried to find evidence for their children's complaints, only to be reviled as a malicious threat to world serenity. Jackie McGauley has a hard-won documentation of physical evidence to share. Who will buy it?

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1. David Lotto, "On Witches and Witch Hunts," this issue.
2. Michelle Smith and Lawrence Pazder, *Michelle Remembers,* New York: Congdon & Lattes Inc. 1980.
3. Notes of an office consultation with Judy Johnson, February 9, 1984.
4. It is no accident that the person who blows the whistle on previously unsuspected and unprecedented extremes of abuse proves to be especially vulnerable to *ad hominem* attack. It takes an eccentric, potentially alienated personality style to override the shared reassurances of more comfortably socialized peers. All forms of child sexual abuse have been protected by what Jean Goodwin has called the *shared negative hallucination* among clinicians and other opinion makers in respected authority, who will not perceive abuse when they confront it. (Credibility problems in multiple personality disorder patients and abused children. In: *Childhood Antecedents of Multiple personality,* ed. R. P. Kluft. Washington: American Psychiatric Press, 1985, pp. 2-19). As Suzanne Sgroi observed at the dawning of the current wave of discovery, "Unfortunately, willingness to consider the diagnosis of suspected child sexual molestation frequently seems to vary in inverse proportion to the individual's level of training. That is, the more advanced the training of some, the less willing they are to suspect molestation" (p. 20, Sexual molestation of children: The last frontier in child abuse. *Children Today* 4: May-June, 1975, pp. 18-21, 44).

   In the many multi-victim cases I have studied, there is a prodromal pattern of parental group denial before an eccentric outsider triggers a threshold of recognition. Concerned parents are reassured by "reasonable explanations" for potential

indicators of abuse. Nylon underwear, bubble baths, constipation, masturbation, self-exploration "explain" genito-rectal inflammation, even foreign objects in the vagina. Conventional, well-socialized parents (and professionals) receive these reassurances with relief, repeating and reinforcing them among one another in extended circles. It remains for the odd one, the unsocialized outsider, to pursue the nagging suspicion that the authorities could be wrong and to develop an arrogant, quasi-paranoid reliance on personal, intuitive belief. Such a person is easily stigmatized as eccentric and unreliable, if not crazy. The absence of authoritative substantiation leaves each successive believer dependent on a reversal of the old standard of evidence: *seeing is believing; if I hadn't believed it I wouldn 't have seen it.*

Judy Johnson was not only an eccentric but something of an irritant in Manhattan Beach society; she was at war with the local school board to acquire home care for her ailing older son. She was distrustful of doctors and devoted to holistic notions of diet and health. It was this very eccentricity which led her to go out of town for university confirmation of her suspicions of sexual abuse after local doctors dismissed them. It was that younger child's isolation from medical contact that led the mother to the telling question and which confirmed the truth of the child's answer.

When I asked Ms. Johnson during that February 9, 1984 office visit how she discovered "David's" abuse, she explained, "It just grew with me. He had such discomfort with school. He cried every noon. But (the school director) warned me that if I gave in to him I'd always be a slave to his whims. He kept trying to give me a shot. I'm a very organic person and he had no contact with shots. I took him to the doctor for the redness and he said it was either from constipation or worms. Then I saw the blood and I knew he was sodomized. But my friends assured me that kids are very anal. I asked David several times if (his teacher) put his penis in his rectum. He always said 'no'. Then later it occurred to me to ask, 'David, did (your teacher) give you a shot in your bottom?' and he said 'yes' ."

While the eccentricity of the first messenger is trumpeted by skeptics to discredit the origins of a case, it is selectively ignored in the contingent presumption that such an outsider could mobilize police and the entire group of more conventional, trustful parents into an hysterical witch hunt.

5. Debbie Nathan, "Reno Reconsidered," Miami New Times, March 3-9, 1993, pp. 10-12, 18, 20, 24, 27-29. Also "Revisiting Country Walk," *Issues in Child Abuse Accusations* 5(1), Summer 1993 pp. 1-11. See note #7 for Nathan's role in debunking the concept of ritual abuse. The investigative reporter who lived in the Country Walk community and who was a participant-observer throughout the development of the case wrote quite a different account. See Jan Hollingsworth, *Unspeakable Acts,* New York: Congdon & Weed, 1986, for 592 pages of cogent narrative and authentic documentation of the case.

6. By reviewing the parental investigations in the light of official disapproval, I do not mean to trivialize nor to discredit their findings. The absolute confidentiality of criminal investigation makes communication a one-way process, with no opportunity to know how seriously the leads were taken or to what extent they were confirmed.

   In addition to the mortuary discovery parents followed a child-guided route in search of "the doctor's house" where blood rituals had been described. They found a residence in an affluent community some 20 miles away matching the description offered independently by several children. Authorities confirmed it was owned by a physician. No further information was ever divulged.

   I had occasion to feel personally how the alarm of clinicians can be left unresolved by grudging investigation. I had been consulted in 1984 by a therapist who wanted help in reporting her suspicion of criminal conspiracy. She was concerned for the safety of two preschool-aged clients, brother and sister, and for their frightened mother, who believed her estranged husband was involved in large scale drug dealing and child prostitution. The children had led their mother to the place they had described where their father had taken them for encounters with naked adults and children (they denied ever being molested, but their drawings were full of decapitation and bloodshed). The children spoke of group encounters in other locations as well, involving both a defendant in the McMartin case and a suspect from a second preschool then under investigation.

   The building shown to the mother, the Coco Palms Motel, had been the site of a babysitting service sex abuse investigation apparently unrelated to either preschool case. But two McMartin children, upon seeing a newspaper picture of the Coco Palms suspect, had independently identified him as the "Wolf Man" who delivered drugs to the abusive rituals of their own alleged experience.

   The law enforcement team especially assembled to investigate the presumption of linkages among the seven suspected area preschools took my report on behalf of the anxious therapist, promising to follow it up immediately. I was told only months later that nothing had come of their investigation.

   The therapist who had been involved in the identification of the "Wolf Man" was stigmatized by police for having deliberately left the newspaper in view of her young clients, and for reporting her observations to the local police rather than to the special preschool task force. The alleged wolf man died of a drug overdose and the man and woman named as his Coco Palms accomplices were spared prosecution when the children recanted their complaints.

   Such complexities abound in putative but unproven conspiracies. While these apparent connections could have been coincidental and enhanced with parent- and therapist-induced red herrings, the preemptory dismissal and the policy of withholding the findings of official investigations leave the therapists caught in the unresolved position of amateur investigators, distrustful of the officials and unprotected against escalating fear.

7. Alexander Cockburn, Viewpoint: "The McMartin Case: Indict the Children, Jail the Parents." The Wall Street Journal, February 8, 1990, p. A17. This virulent op-ed piece includes the standard backlash attribution of the case: "The allegations . . . had been extorted from her two-year-old by a mother—now dead—with a history of mental illness . . . ," without acknowledging that the "history" occurred only after the allegations. Cockburn also cited Judy Johnson and her McMartin case as the harbingers of the entire ensuing "hysteria" over satanic abuse in an elaborate review of some 36 cases and 91 arrests. "In this purgative frenzy many lives were destroyed" ("Out of the Mouths of Babes: Child Abuse and the Abuse of Adults." *The Nation,* February 12, 1990, pp. 190-191) in his recurring column entitled "Beat the Devil." He invoked the McMartin case in deploring the prosecution of the Little Rascals Daycare case in North Carolina in his syndicated "Column Left." Citing "Daycare panics in more than 100 cities," he sums up his dismissal with, "Satan mongering is an industry of sorts, served by repugnant legal stratagems and nourished by bogus experts: (Day Care, Satanism and 'therapy'. *Los Angeles Times,* September 5, 1991, p. B13).

   An early journalistic reinvestigation of the McMartin case identified the six people who successively created the incredible concept of massive abuse: "Mother," "Cop," "Social Worker," "Politician" (District Attorney), "Reporter," and "Prosecutor" (Mary

A. Fischer, "A Case of Dominoes?: Did six crucial players simply invent the longest, most expensive, most sensational—and most trumped up—case in LA.'s history? *Los Angeles,* October 1989, pp. 126135). This scenario, which parallels the theory of defense in the already-acquitted Jordan, Minnesota case, is offered as "the solution to the McMartin puzzle (which) eludes most of the public and the media" (p. 135). The mother was, of course, Judy Johnson: "It was this call (to the police) on August 12, 1983 that sparked the biggest mass molestation case in history, but for Johnson, it was another in a series of steps toward madness and an early death from an alcohol-related liver disease" (p. 128). The article presupposes that the increasingly bizarre allegations were a product and not the producer of that decline. The article stresses the absence of evidence for the pronography and tunnel claims, exaggerating the scope and negative significance of the official excavation: "A Huntington Beach archaeological research team was hired to make a painstaking search for alleged underground rooms and tunnels where the children claimed they'd been molested. The researchers tore up the preschool floor and used an electronic scanning device to try to locate the secret passages" (p. 135). In fact, they merely peeled back some of the asphalt tiles looking for potential interruptions in the concrete slab floor and relied on an inappropriate instrument to disclaim the possibility of disturbances under the concrete. According to Dr. Stickel, who later excavated the tunnels, the terrain conductivity meter used by the first archaeological team was powerless to penetrate concrete.

Debbie Nathan, a free-lance investigative journalist based in El Paso, is the most articulate and influential of the ritual abuse skeptics. She won the H. L. Mencken Award for Investigative Journalism for "The Making of a Modern Witch Trial" *The Village Voice,* September 29, 1987, pp 19-23, 26-32. In this vanguard standard of backlash rhetoric she deplores the criminal conviction of two El Paso women through a detailed analysis of the overzealous, children-never-lie crusades she attributes to the prosecutor, child protective service workers and parents. Citing the history of bizarre charges against unlikely female defendants initiated by the McMartin case, she traces the pattern through Jordan, Minnesota; Niles, Michigan; Memphis; Country Walk in Miami; Malden, Massachusetts; West Point; and Maplewood, New Jersey, she highlights the ritualistic and presumably absurd allegations in each and labels these cases "junior" McMartins. The sidebar feature entitled "Sex, the Devil and Day Care (pp. 23 & 26) defines ritual abuse as a contrived political tool to stigmatize working mothers and to scapegoat women as potential child molesters. Beneath a photograph of three female McMartin defendants in "the case that started it all," Ms. Nathan proposes that the attempt to "satanize" day care is a strategic adjustment of the conflict between liberal feminist objections to patriarchy and the conservative pressure to protect intact families. "But in the Reaganite 80's, feminist consciousness-raising about sexual violence hasn't led to a critique of the family; rather it's encouraged moralism against evil people and narrowly legalistic remedies. The times demand a scapegoat, and what better one than daycare? If the private family is sacred, then the public day care center is profane. If stay-at-home mothers are holy, then the people they pay to take care of their kids when they escape from the house are witches. Day-care hysteria is another instance of how conservatives have cornered the market these days, supplying fundamentalist rhetoric for a public trying to sort out worry and puzzlement over deep-seated social changes." (p. 26).

Debbie Nathan's *coupe de grace* on ritual abuse was "What McMartin Started: The Ritual Sex Abuse Hoax *(The Village Voice,* June 12, 1990), beginning and ending with an attack on the parents and their children who appeared on the Geraldo



Rivera Show in the wake of the January verdicts of acquittal. It decries these people's diehard insistence on victimization. She challenges the credulity of the young people, who had such fantastic stories they could not be used as witnesses, citing especially the "round-faced, 10-year-old" who according to her father, has "talked about being molested under the school in tunnels lined with flashing lights and pictures of the devil" (p. 36).

The article blames the case on the purportedly psychotic allegations of Judy Johnson. Nathan traces the subsequent spread of incredible allegations throughout the country and into Europe, stressing the stereotypic absurdity of children who said that "the abuse took place in churches; adults wore masks and costumes; they urinated and defecated on children; they burned, stabbed, cooked, or drowned babies; they sacrificed animals; they molested children in funeral homes and buried them in cemeteries; they mutilated Barbie dolls. Extensive investigations have failed to support any of these claims."

In questioning how "large numbers of literate, secular people" could be duped into a Christian fundamentalist "paranoia about satanism," Ms. Nathan iterates what Dr. Lotto reiterates: the publication of *Michelle Remembers.* The article reveals "there is evidence that the details in ritual abuse charges came more from grown-ups than from children: co-author Pazder consulted with the police and met with parent Jackie McGauley during the early days of the investigation." (That is hardly news nor "evidence" though it has been slow to be touted by the conspiracy theorists of rebuttal. I met with Dr. Pazder at that time too—when he had come to Los Angeles to appear with several parents on a nationally syndicated television news magazine and after he had addressed a public meeting in Manhattan Beach. Parents wanted to meet Dr. Pazder not to acquire details of ritual abuse but to make sense out of them, because their children were *telling them* stories of blood ritual with satanic trappings. His conclusions about satanic cult ubiquity, however outlandish they may seem to others, offered a "reasonable explanation" for parents confronted with children growling obscenities and death threats in half-awake nightmares. As a participant observer in what the sages now dismiss as "satanic panic," I can attest that the stories of costumes, ceremonies, chants, bloodshed and death came first from children to naive, incredulous parents and therapists, who sought in vain for a more reasonable explanation from local authorities before turning to occult literature and out-of-town experts who could offer a horrific kind of understanding of their inexplicable distress. Similarly, the television producers brought Dr. Pazder to Los Angeles not to introduce the concept of satanic ritual abuse but to *address* it, since it was by then common knowledge among journalists that children and parents were describing unearthly obscenities).

Debbie Nathan concludes her investigation of *the Ritual Sex Abuse Hoax* with the paragraph I excerpted at the conclusion of this article (note 13) proclaiming the nationwide network of "clans" united with the ." . . tent revival belief in their children's victimization. Right wing devil-mongers may find this subculture to their liking. But the rest of us ought to recognize the harm it wreaking, not only on civil liberties and the falsely accused, but also on day care, on women's rights, and especially on children. Because the kids involved in this hysteria have indeed suffered, but not at the hands of their teachers. Compared to the abuses of a child-protection movement gone mad, could incest be any worse?"

The "investigative journalists" have no need of evidence for their clan conspiracy theory. With no more foundation than the presumption that the satanic implications are not worthy of rational credence, they state without any apparent doubt that another international, interdisciplinary, intergenerational conspiracy to abuse

children does in fact exist, with agents so powerful in their misguided beliefs that they can infuse death terror into the minds of children through mere suggestion. And the perpetrators of this abuse are just the sort of folks one would least suspect of terrorist agendas; they are the child abuse finders who follow the dictates of the clinical high priests of a child-protection movement gone mad.

Compared to the grandiosity of a backlash movement gone ballistic, could a shared belief in satanic conspiracy be any worse?

8. Pending publication, there is no general access to this report, and no assurance of when or how it might become available. Inquiries may be directed to me, including any interest in assisting in publication. Correspondence will be forwarded to the custodian of the McMartin Tunnel Project, Ms. Jackie McGauley.
9. This mutually antagonistic response to common disaster is described as typical of parents in cases studied by child psychiatrist Lenore Terr. Initial bonding and cooperative optimism gives way to displacement of rage toward one another as they discover no one can perfectly resolve the collective trauma. Some withdraw and become protective of their private lives and untarnished future, resentful of other parents who try to keep the memory alive, especially those who seem to revel in publicity and notoriety. *Too Scared to Cry: Psychic Trauma in Childhood.* New York: Harper & Row, 1990, pp. 66-72.
10. Paul and Shirley Eberle, *The Abuse of Innocence: The McMartin Preschool Trial.* Buffalo, NY: Prometheus Books, 1993. The Eberles also wrote the *Politics of Child Abuse* (Secaucus, NJ: Lyle Stuart Inc., 1986) which centers on the McMartin case as the bellwether of the nationwide "child abuse witch hunt" (p. 285) "resulting in the devastation of innocent people's lives and families (p, 283). Both books lionized defendants and defense interests while defaming everything and everyone associated with child protection. Such polemics also illustrate the gospel of the dual attack on child protection. Ritual abuse cases are first debunked as *de facto* frauds, then all sexual abuse complaints are tarred with the same brush: ." . so many obviously absurd allegations have been so vigorously pursued . . ." "We believe that every molestation case in which there has been a conviction should be reopened and reviewed." *(The Politics of Child Abuse, p.* 284).

    Anyone who is aware of the content of the Eberles' earlier magazine, *Finger* or their continuing tabloid, *Los Angeles Star* will understand that I have used considerable restraint to avoid an *argumentum ad hominem.*
11. In order to allow privacy for the child and her parents, "Joanie" is a pseudonym.
12. *The Maury Povich Show,* nationally syndicated. Broadcast June 21, 1993.
13. Debbie Nathan, "What McMartin Started: The Ritual Sex Abuse Hoax," *The Village Voice,* June 12, 1990. Also syndicated and reprinted in many independent newspapers, such as *Metro: Santa Clara Valley's Weekly Newspaper* (CA) under the title, "The McMartin Syndrome"; August 23-29, 1990, pp. 10-15.

SHARON J. IRELAND AND MURRAY J. IRELAND

# *A Case History of Family and Cult Abuse*

This is the case of Rene, whom we have treated for thirteen years. Sharon treated her for the first five years, and Murray treated her from the sixth year to the present. We have attempted to present this case in the manner in which the patient slowly discovered her history. Although the patient reported daily sexual, physical, psychological and spiritual abuse for the first ten years of her life, the case history is complicated by the fact that three to four times a year, during the same years, she states that she spent time in a cult setting.

Rene is a 35-year-old white, attractive, gifted woman. She is currently involved in a three-year committed lesbian relationship and is working and attending college. Rene entered psychotherapy at 23 years of age after three previous attempts which she characterized as unsatisfactory. She is one of triplet sisters and has a brother who is three years older. Her mother died of alcoholism secondary to an auto-immune disease when Rene was 18 years old. Her father is still living and remarried.

Rene's presenting problems were depression, anxiety, alcohol abuse and an inability to deal with her mother's death. She was also frustrated at what she saw as a delay in her ability to generate sufficient income which would allow her to build a halfway house for alcoholic women in order to honor her mother. She was involved in a committed relationship with another woman who was thirteen years older. This woman had been her third grade teacher in elementary school. The conflicts in the relationship centered around money. Rene was developing a very successful commercial business. Although she was generating large sums of money, she often refused to meet her financial obligations. Although she desparately wanted my help, it quickly became apparent that she was

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filled with homicidal rage. Every interaction between us became a battle, whether we were discussing time for appointments, length of sessions, fees, etc. Initially she was seen on a once a week basis. As psychotherapy progressed, it quickly became evident that she needed to be seen more frequently. During most of the course of her psychotherapy during the first five years, I saw her a minimum of three times a week and frequently four times per week. Her acting-out never involved missing sessions and alternated between a professed love and admiration of me and unrelenting verbal attacks that intensified as she began to remember her mother's abuse of her. Later she told me that when a memory would return she would become angry and act out against me rather than to think and feel about the incident. Additionally, she said that she would become angry at me because when she talked she remembered. During the course of the next five years, she gradually revealed a history of physical abuse, sexual abuse and psychological torture, all by the mother.

There were afternoon rituals during which the mother would teach the girls to engage in rocking behavior that Rene said "seemed crazy" (Rene had begun to engage in this behavior at home shortly after beginning psychotherapy). She encouraged them to see ghosts and spirits and to generally hallucinate. She would conduct "religous" ceremonies by candlelight and speak of evil spirits and ghosts. These ceremonies were conducted with music, and the mother would chant and tell the children that they could never get away from her. She told them that when they died she would pursue them in the after-life. She would beat them with a cut-off broom handle if they did not comply. On one occasion she beat one of the triplets so badly that the child fell off of the bed and knocked herself unconscious. The paramedics had to be called. Rene was threatened with a knife held at her tongue and her mother told her she would cut out her tongue if she told the truth.

Her mother's sexual abuse of her started very young, under the age of five, when she required her to orally manipulate her. If Rene complained about the taste or did not want to comply, her mother would hold her by her hair under water in the bathtub. (Rene then began to experience a desire to sexually molest little girls and boys under the age of five. Although she never acted on this desire, she felt that it was proof that she was despicable and evil.) Her mother would volunteer her time to take children from the State Mental Hospital for the Retarded on field trips and outings. On occasions, she would bring Rene along. Many of these children were physically disfigured in addition to developmental problems. Rene remembered her mother as appropriate and non-abusive with



these children. She would tell Rene that if she hadn't been so ugly and evil then her mother would be able to treat her too in a kind and loving manner.

During these first five years of treatment, the father was described as weak and non-protective but was never recalled as an abuser. She recalled warm feelings toward her father, waiting for him to come home in the evenings, enjoying helping him to dress for work in the mornings, enjoying the smell of his afershave, and loving what she called a "man smell." She had disdain for him because of what she perceived as weakness and fearfulness. She remembered him sitting in his chair at times and "shaking with fear." The brother was described as being outside the loop of abuse. I interviewed the two sisters who were both receiving welfare and unable to work. One sister was engaged in a spiritual quest and was actively pursing becoming a nun. Both girls had been involved in prescription drug abuse. Neither one wanted to talk about their family life. They both had previously received some forms of psychological counseling and appeared highly dysfunctional. Rene appeared to experience something akin to survivor's guilt in relationship to her sisters. She was very guilty about the fact that she was more functional than either of them. She saw herself as capable of a normal life, having a relationship, a successful business, attending school and generally "being able to be O.K." She was very grateful yet upset that she had the financial and psychological resources to engage in the kind of psychotherapy that she felt was necessary to overcome their childhood damage.

Rene was an excellent student and was well liked by students and teachers. She participated in many high school athletics and performed so well that she was offered a college scholarship which her parents forced her to refuse. Rene was constantly taught that her scholarship and her success in school was injurious to her sisters who could not keep up with her. Her sisters would accuse her of hurting them with her accomplishments. She spent as much time away from home as was possible. She would mow lawns and started a lawn business in order to earn money. Her parents constantly interefered with all of her activities by arbitrarily demanding that she return home after school.

During the fifth year of psychotherapy, Rene began to be able to verbalize her need to end the relationship with her lover. I had treated them conjointly for approximately a year. There were numerous financial entanglemets and part of the purpose of the sessions was to help them to arrive at an equitable settlement. Rene owed her large sums of money which she had failed to pay back. She was able to ter-

minate the relationship and moved out into an apartment. As a therapeutic strategy, Murray started to see her for one of the four psychotherapy appointments. Also she had started to bring her childhood blanket to every session. She also brought Murray the broom handle that her mother had used to beat her. She seemed to enjoy working with Murray and did not experience the levels of rage at him which were so intrusive into her work with me. As she began to reveal the actual detail of her mother's abuse of her, she became so filled with rage at me she could hardly sit in the room with me. I personally felt worn out and unable to continue working with her. I told Rene at this point that I was worn out and that I felt that it would be better for her to see Murray exclusively. Murray liked her and was willing to take over her treatment. Although she liked the idea of working with Murray, she was concerned because she saw me as so much more powerful than him. I spent several sessions making this transition and cautioned her to better monitor her rage or she would wear out Murray too. I asked her to take a few months off from psychotherapy and review our work together before starting full time with Murray which she did.

After six months, Rene began psychotherapy with Murray. She demonstrated a new committment to understanding her rage and more successfully monitored her acting-out against the therapist. There would be some exceptions to this monitoring when she was under severe stress. She continued to reveal new memories of abuse by her mother and revealed strange phobias. She would not allow anyone else to touch or cut her hair. The thought of a hair stylist brought enormous anxiety and fear. Her mother always held her hair to force sexual acts or to punish her by holding her head under the water in the bathtub. She remembered numerous occasions of being placed on a stool in the garage and "gently" being lowered into a noose. She hung from the garage rafters until falling into unconsciousness. The possible need for an anesthetic for surgery or dental work caused panic. Any medical examinations or dental care took months of preparation. One physician diagnosed possible childhood injury as a cause of Rene's chronic neck pain. She reported believing that she was crazy because when she ran across a grassy field in parks or school yards she would suddenly stop, feeling panicky and immobilized in front of an imaginary hole. She reported being unable to move for minutes to possibly an hour. She began to report periods of disassociation. She would not remember how she arrived at certain destinations and locations. She began to report partial personalities that she would call her "trauma children." She said that they knew "some things" that she didn't know.



Rene's mother's sexual abuse consisted of fondling Rene, performing oral sex, masturbation, vaginal and anal penetration with objects and her mother's fingers. These acts were mostly inflicted with great violence but sometimes with gentleness. The mother would demand that she perform oral sex. On occasion Rene would vomit and her mother would put her face in the vomit and make her consume it. While her husband was at work, Rene's mother would dress up like a man and invite a girl friend over. During these episodes, the triplets were placed in a hole underneath their bedroom closet. Rene assumed that they were involved in sex because her mother often dressed as a man when she was molesting her. During the early years of therapy, she would park in front of her childhood house. Often, she would spend most of the night there, trying to capture her feelings and recalling memories. The home became available to rent and Rene made arrangements for us to visit it during the day. She went through the home in terror, describing and remembering events that had taken place in each room. I found the hole in the girl's bedroom closet that she had described. It had been covered with a thin sheet of wood. The door of the girl's bedroom still had a reinforced piece of wood backing. She had earlier told me that they had been locked up in that room from night to early morning. They were not allowed to make any noise or go to the bathroom. If there was soiling or bed wetting, they were severly punished. After this visit, she remembered that she had told her favorite teacher at school that she was being sexually abused. She begged the teacher not to tell her parents. The teacher called in her parents and confronted them. They denied everything. When they arrived home, they cut off the head of the family dog and drained his blood over her head. She never again told anyone about her family. Even when the paramedics came to her home, she would not tell the truth about what had happened.

Following this visit, Rene began to remember her father's abuse. When the mother's girlfriend came over, there would be horrible fights. The children were in the hole in the bedroom. The father would reach into the hole and grab for a child. Rene would push one of her sisters up toward him so he could grab her. She remembered her sister's screams and was filled with guilt and self-loathing. She was also relieved because he usually did not come back for another child. The girls were punished by being locked in a small box for hours at a time. Whichever child was locked in the box would scream. Rene recalls that listening to the screams was more painful than being locked in the box.

She said she was never deeply attached to her mother and had kept an

emotional distance, but adored her father. He called her "his best girl," nd told her that she was his favorite. Rene brought in her family album. There were pictures of family vacations to the beach and nearby noutains. In all of these pictures, she was enfolded in her father's arms nd looked like a "daddy's girl." The information about the father's abuse was revealed very slowly over the years. The day-to-day therapy contin-ued regarding work, relationships, friends. etc. She has always loved and rusted Sharon and I was the benefactor of this trust. She brought in her overs and friends to her sessions like lost puppies brought to a parent. I ended up treating many of these people. I diagnosed as psychopathic the wo women with whom she was exploring relationships.

As her pathology became more clear to her, she withdrew from look-ng for relationships and concentrated on her work. Rene began to at-end all kinds of political protests including "Save the Whales" and nu-clear disarmament, focusing much of her energy and anger on saving endangered species. It became necessary to refocus her on her own truggle. She has had an entrepreneurial spirit and has been able to make large sums of money, live well, and pay for psychotherapy and many of the luxuries of life. These times were interrupted by what ap-peared to be an inattention to work, giving money away and, finally, bankruptcy. I would treat her on credit during these times until she would start making money again. Her acting-out and transference in-volved Uncle Sam. There were continuing battles, lawyers and plans for the payment of past due income taxes. There were also speeding ickets, warrants, failure to register cars, etc.

As a very small child, Rene had loved a goldfish and a blanket. She brought the blanket to her sessions. I asked her to give up her blanket and attach to me. She eventually did so with great difficulty. She had always had an urge to molest children and gave up babysitting as an adult in order to protect the children. I told her to get a puppy. It was to be very young and helpless, and she was not to hit it or abuse it in any way. She was to raise it and be responsible for its physical and psychological help. This proved to be the begining of a love affair that has lasted to this day. After the dog was old enough, she brought him to her sessions, and he became her inseparable companion. She has never abused the dog.

The information about her father's abuse was revealed over a period of five years. It started with her curling up in my lap, crying and sob-bing for the 50-minute hour, leaving my shirt drenched with tears. At times she would howl so loudly that she would scare Sharon's patients in the adjacent office. A new memory was always proceed by feelings



of anxiety, depression and bad dreams. The dreams progressed over time from monsters chasing her to her shooting and slicing the monsters into pieces with no effect to their destruction by her own hands. At that point, the nightmares ceased. When new memories appeared, they took the form of flashbacks that lasted for weeks. The flashbacks came unbidden, without control, causing terrible fear and anxiety and many emergency phone calls. In the beginning the memories of her father's abuse were never expressed in words. She would get on the floor of my office, hold on to my legs and make sounds, appearing to be regressed to a very young age. Once on the floor, she wanted crayons to draw pictures of the abuse, but would use no words. These sessions were interrupted five or six times in order for her to go to the bathroom. I later learned that she cleansed herself before continuing. Over the years she put words to the abuse that were not there at the beginning. She states that she had intercourse with her father until age ten. At that age she must have had words for his behavior.

The abuse by the mother and father and the cult took place over the same time period until the age of five. The mother and father continued their abuse until the triplets were ten years old. In preparation for the presentation of this case history we asked Rene to write a short summary of her abuse. We thought it would be important to see how she describes the abuse in present day words. She states that she wrote her summary in the third person in order to distance herself from the events and to contain her "hysteria." The following are some excerpts from this summary:

> Rene's parents engaged in physical violence acting out their rage towards their children to seek and achieve personal relief. The abuse involved all three female children, sometimes focusing on one child. Rene's parents would act out these inflictions sometimes as a team and other times individually. Rene reports that her parents would engage in this behavior sometimes for hours on a given day.
>
> Rene's mother acted out several physical and psychological tortuous rituals with Rene and her two siblings. The abuse included confining her hands behind her back and hanging her by the neck in the garage from the ceiling rafters until Rene became unconscious; confining Rene in a small chest by lock and key for extended periods of time; confining her arms and legs with rope to the kitchen table and with a knife threatened to kill her and on occasion cutting Rene to cause bleeding; repeatedly submerging Rene under

water in the bathrub attempting to drown her until she became unconscious; confining Rene and her siblings with rope to a chair for long periods of time and punishing them violently with beatings requiring them to remain seated in their urine.

Rene's father's physical abuse of her consisted of beatings and by dropping a small sledge hammer on to her hands and fingers. The abuse took place in several rooms of Rene's parents' family home.

Rene's father's sexual abuse of her consisted of intercourse, anal penetration, fondling, touching her body, and requiring Rene to perform oral sex. These acts were sometimes inflicted with great violence, other times not. Rene's parents also engaged in emotionally abusing all of their children which included screaming at them; teaching them fear about leaving the house; punishing Rene for her excellent performance in school—teaching her that her performance injured her two siblings; encouraging dysfunctional behavior; promoting rage and hate between the siblings; teaching and encouraging unhealthy attachments to the family system resulting in a code of silence about the abuse.

Rene reports that she endured her parents' abuse on a daily basis from the ages of one through ten.

Around the sixth year of Rene's therapy, she told me that she passed her first hour without fear and felt "strange and crazy." These times increased in duration until the present. She currently reports little day-to-day fear. I interviewed Rene's high school lover, and she did not have any knowledge of Rene's abuse at the time that it was occuring. She stated that Rene's family had the best reputation in the neighborhood. They attended church regularly, family oriented and the mother donated much of her time to a hospital for retarded children.

Rene's psychotherapy progressed until three years ago, when "it" all started again. She had worked hard at a new relationship with a very nice older woman who was a well-educated professional and very loving with Rene. They were growing in their relationship and as individuals when they decided to move to a nearby mountain area. Rene was driving down a mountain road and had a flashback of a baby being killed and then drove off the road into a ditch. There was a major return of symptoms, but she remained in a much healthier state. Although the injuries were at the same young ages, there was no regression in her speech and no need for drawings. For the first time she began to speak about the cult. She



used child-like words for the abuse. These new memories were intrusive and accompanied by flashbacks. She experienced such intense interference that she was unable to work and her business again failed. Rene and I were used to working with her transference, and she had been able to monitor her acting-out against me. At this point, however, she began to imagine that I was working with the cult. These feelings did not remain for very long; however, they have surfaced several times in the last three years. She did not experience a recurrence of nightmares, although the flashbacks returned with each new memory. It took two years to complete the history of the cult. She has not experienced any new memories or flashbacks during the last year. Although she returned to three to four sessions per week, she felt it was not sufficient. She began to call just to hear my voice and "to touch base." I devised a plan for her to call my answering machine any time that she felt the need "to touch base". During the sessions, she would sob and cry and be unable to speak for long periods of time. When she called my machine, she went into full primal screaming. I have fifteen hours of tape that can only be described as howls of a wounded animal punctuated with new memories which we would then discuss in the next session. Listening to these tapes, it is easy to understand how some religous psychotherapists can postulate demoniacal possession.

We have attempted to present the manner in which these memories of the cult became available. The following statements are excerpted from her present day description of her cult abuse, again speaking of herself in the third person:

> Rene has reported of two isolated mountain areas within walking distance of the other where the cult met to practice their religion. Both areas had significant uses in the expression and ceremonies of the cult. The first area was where most ceremonies and practices took place. In this area there were simple rustic cabins that housed members for overnight holidays, cabins that imprisoned children who were to be used or killed in the rituals, primative long steel sink areas where the dismembering and butchering of bodies took place, a tower-like lookout point where children were sexually molested, large holes in the ground with small openings where children were kept, a few grave-like holes that were used in brainwashing the children, and a stone-like arena with a stage area at front where the Christian-like services took place.
>
> The ceremonies had a congregation area facing a stage with an

altar. There was a procession down the main aisle from the back of the arena to the stage area. This procession included the leaders of the cult, several adult women and children all dressed in a variety of robes depending on their level of command. Once all were on stage, the ceremoney began. There was a service with chanting, the playing of drums in a beat of changing rhythms, and the chief leader speaking and chanting. There was a door on the back right side of the stone structure where children entered the stage. During the ceremoy children were to drink a drug-induced liquid from a large cup as part of the service. The service continued to increase in intensity always resulting in the sexual molestation of children on the altar and during some ceremonies the killing of those children. The adults and Rene were the one's responsible for the killings. Rene at the age of four began to kill the children with a knife after two years of educating and preparing her to successfully act out the murders. When Rene was five years old, during a ritual, she was forced to kill a little girl that she had befriended in the cult. During the services that were held outdoors in isolated mountain camps the cult used torches and large bonfires to light the area. Fire was considered to be a special expression of their religion and used to frighten the children by human sacrifices, burning adults and children on large crosses.

In the early morning hours before dusk on the last day of the cult holdays, a few men would take in row boats the 'excess' children whom no longer were of use to the cult and put them into metal wire cages and lower them under water to kill them. They pulled the cages out of the water after a period of time required to drown the children. As the men acted out these murders, they joked and laughed. Rene watched this from afar behind a tree, always resulting in her vomiting as she watched the needless murdering of children. Also on the last day of the holdays the ongoing dismembering and butchering of deceased bodies was one of the chores for the day. After dismembering the bodies the body parts were put into large bags, placed in vans, and removed from the site. Sometimes a small batch was burned at the site for the adult's pleasure or to make the children watch to fright them into submission and passivity. The ashes and dirt were then placed in large cans and removed from the site in the same vans.

Rene also has described in detail the different ways the cult strangled or drowned the children without killing them. She was often subjected to an adult wrapping their hands around her throat and strangling her, or grabbing the back of her head, submerging it under water in a toilet or large bucket, or on occasion if she was in need of a reprimand they would submerse her face into a bucket of feces and urine that was housed in a small standing shack.

Rene has reported that she was sexually molested by her parents and cult members in the look-out tower, in the cabins, and on the altar during services that were held. Also during the celebrating of holdays lasting one to three nights the children including Rene were not fed on a regular basis.



Rene has never referred to the cult as "Satanic" but calls it a "Christian-like" meeting. Satanic ritual holdays occur many times a year. She reports that her family only attended three or four times per year. Halloween has always been a terrible time of the year for Rene. Fires generate intense fear and anxiety. Viewing pictures of the San Francisco and Laguna Beach fires upset her terribly. I volunteered to go with Rene to the sight of the cult rituals. Although she was too afraid at that time, two years later she took a friend and a gun and took fifty pictures of the two sights. The pictures that she took all fit her earlier descriptions. When I interviewed her friend, she stated that Rene's terror and fear frightened her so badly that she will never go back again.

Rene has moved through the cult experience during the last year. She has returned to work and is doing well in her relationship. She states, "I may not be gay anymore but I love my partner and I will stay with her always." She no longer reports any symptoms of Post-Traumatic Stress Disorder. She has no thoughts of molesting or injuring children. She reports that she has integrated her "trauma children". She has returned to one session per week. She still has residual rage which we call narcissistic aggression. She rationalizes her occasional need to invade people during times of stress.

She recently contacted one of her sisters with whom she had not had contact with for ten years. Her sister indicated that she had stopped her own prescription drug abuse and was receiving disability. She had been diagnosed five years earlier as a multiple personality and was in psychotherapy. She told Rene that she had returned home several months earlier at her father's request to take care of him during a recent illness. She planned to leave soon because she felt that it was not good for her. Rene questioned her regarding the familial and cult abuse. She reported

that she had no memory, but that parts of her knew what had happened and that she was not ready to know yet. She said, "I live in constant fear," and asked Rene for help. She contacted her brother's wife, who told her that he does not deny that "those things" happened; he just doesn't want to talk about it. She told Rene that her other sister was in a rehabilitation hospital for prescription drug abuse. I interviewed Rene's father in her eighth year of psychotherapy. Rene was present and confronted him with his molestation of her. He did not deny nor did he agree with her assertions. He said, "I have gone to Jesus with my sin and I have been forgiven." In the same interview, he indicated that he wanted a relationship with her. She has not contacted him since that interview. Over the years Rene has had active thoughts of killing her father.

As a couple we have fifty-five years of combined psychotherapy experience. We are of course aware of the false memory syndrome, the difficulty in proving therapeutic outcome, and the errors of psychotherapists. We believe that many of the problems surrounding psychotherapists having "suggested" abuse memories to clients are often related to the "We Care" hospitals that treat "specialized" illnesses and addictions, often paid for by insurance. They sometimes employ non-professional staff and have in-house training for people who have had the "same" problem. These people often claim a special expertise because of their background. This sometimes leads to an over-zealousness and a proscribed and rigid causality. We should state at this point that no drugs or hypnotism was used in Rene's treatment. Also, Rene has recently given us copies of the photographs she took, including those of the sacrificial altar, the sinks used for cutting up the children's bodies, and the hole that she was kept in.

We have slowly come to believe our patient. Perhaps, as the saying goes, "You had to have been there."

*Sharon Ireland, M.M.C.S. and Murray Ireland, L.C.S.W. have private practices in psychotherapy at 201 Belle Isle Court, Naples, FL 33962 and are now writing a book tracing child abuse and trauma and their effects in adolescence, married life, middle age and in the elderly.*

**ROBERT B. McFARLAND AND GRACE LOCKERBIE**

# *Difficulties in Treating Ritually Abused Children*

Treatment of ritually abused children is a long and difficult process that discourages and exhausts the therapist. The therapist must be like a nurturing placenta, removing toxins and providing nourishment for a badly damaged child. The responsibility is at times overwhelming. The therapy process turns into a struggle between good and evil. This is particularly true whenever the abuse is familial, severe, and repetitive over many years, whether or not the abusers are part of a larger, multigenerational cult that distorts Christian ritual.

Judith Lewis Herman summarizes the dilemma of the therapist who treats severely traumatized patients in her book, *Trauma and Recovery:*

> Inevitably, therapists who work with survivors come into conflict with their colleagues. Some therapists find themselves drawn into vituperative intellectual debates over the credibility of the traumatic syndromes in general or one patient's story in particular. Counter-transference responses to traumatized patients often become fragmented and polarized, so that one therapist may take the position as the patient's rescuer, for example, while another may take a doubting, judgemental, or punitive position toward the patient.[1]

There is a rapidly growing backlash that has developed around the problems people have in recognizing, treating, and preventing child abuse.[2] The false memory movement is one part of this backlash.[3] Attorney-General Janet Reno was attacked during her confirmation process because of her role in convicting Frank Fuster of the Country Walk Day Care Center in Miami.[4] The divisive aspects of the cult abuse

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debate have provoked doubts that child abuse can be prevented or even that it is a serious problem. We both believe cult abuse exists because of what several patients of ours have told us, patients who were uninfluenced by any suggestions by the therapist during treatment. We believe cult abuse of children is in fact widespread, and find the discussion by Martin H. Katchen in *Out of Darkness* gives a good historical perspective on how child abuse by cults could develop and persist.[5]

While it is important to come to grips with the problem of Satanic abuse, it is also important not to let the tail wag the dog. Treating children who have been severely abused in their own families over many years is difficult whether the abuse was part of a Satanic activity or not. If we get overly involved in the debate as to who is Satanic and who is Christian, we may well encourage the backlash.

## CASE HISTORIES OF TREATMENT OF CHILDREN ABUSED BY CULTS

The following case histories are from the practice of G.L., who has practiced psychotherapy with children in Boulder, Colorado for the past 15 years.

Eleven-year-old N. came to therapy with his nine-year-old sister, O. Both children were in treatment with me, while the two older siblings were in programs for adolescents. O. had been sexually abused by all three brothers, but N. was being treated as O.'s peer in this matter. There was a very complicated family history, and current conditions were less than ideal. These included an absent birth mother, an inexperienced and emotionally abusive step-mother, and an irresponsible father. The children lived with the father, and the step-mother lived there off and on during a very stormy relationship.

Heartbreaking as this was, it soon turned to horror as the children began to spontaneously recall earlier abuse. N. sat up abruptly during one session and began to cry as he recalled sexual abuse at the hands of his maternal grandmother. As a three-year-old being bathed by her, he felt her fondling him and squeezing his genitals until they began to hurt badly. O. had an even earlier experience. As she lay in her crib, she recalled her "bottom" being hurt by an unfamiliar adult; she was probably about a year old. Then further stories emerged. Both children had been enrolled in a pre-school operated by a church their grandmother attended. They independently described all of the children being taken down to the basement and forced to watch as adults in black robes slowly killed baby rabbits and kittens. They each cried as they told of



their intense fear during these episodes. They were doubly frightened because they were sworn to secrecy lest the same thing happen to them. The fear that they carried with them was still very much in evidence in their tears, shaky voices, body tremors, and whispery voices. It was clearly very painful to them, and painful for me to watch. It was difficult to keep these children in treatment, due to the volatile and changing nature of the household, and I think about them still.

P. was nine when I first met her. She was brought to me because she could not attend school, suffered fits of hysteria, and was generally unable to cope with life. From the first, she articulated an inordinate fear of knives, making it difficult for her even to be in the kitchen of her home. She would also have nightmares about knives. Late one night, her mother called in desperation, as P. was hysterical, and nothing could calm her. I had them come to my office, and P. and I worked for a couple of hours together. During that time, P. recalled a series of incidents at a relative's house in another state that took place over a period of months. There were people gathered in the basement of the home, performing many sadistic acts. She described the dark clothes they wore, the strange sounds of chanting and "weird music," as well as group sexual acts. Most traumatizing was having to witness the ritual killing of an infant. Unable to tell anyone because of the threat that the same thing would happen to her or to a loved one, she became severely dysfunctional from this time on. As she recounted this horrifying event to me, I found it difficult to keep my "professional distance." Her stories, sobbingly and haltingly told, invaded my own dreams on occasion and interferred with sleep, as I shared her repulsion. Eventually, P. had to be hospitalized, but recovered enought to attend school again.

Ten-year-old Q. was seen in my office for a myriad of problems. Some very frightening drawings he had made had been discovered by his mother. These included sadistic sexual scenes featuring young girls, the murder of infants, and the dismemberment and other torture of adults. Q. was a very angry, disturbed, and unhappy little boy. The absence of his father had been quite difficult for him, and his earlier life had been filled with many changes. It turned out that he and P. (see above) with their families had, for a time, lived communally with other families in another state. During that time, many abuses had been perpetrated on the children by the group. For instance, children were forced to have sex with adults and with other children, while adults were present in some kind of ceremony. Q. witnessed the ritual

killing of animals that had been raised and befriended by the children on the farm, again in a group ceremony with adults "dressed up like witches at Halloween," all singing and dancing in ways that seemed strange to him. He also thought that he had seen an adult tortured and killed during a ceremony, but could not get a clear picture of the event, only hearing the sounds in the room. His extremely violent drawings reflected that history. It took a long time and much patience to win the confidence of this youngster. However, when I began to explore this material and began asking questions of the parents, he was taken out of therapy, and the family moved.

Two of these cases came to me from social services, and that agency ultimately became involved with a third. There also was police involvement with two of the cases. In one of them, the police refused to follow up. Legal action was attenpted in another, which occurred elsewhere, but I was not informed of the outcome. Typically, reporting cases can be so frustrating and fruitless that under-reporting probably occurs often.

As a therapist, these cases are particularly hard to treat. My experience with children who have been ritually abused by cults is that they seldom lie. Yet, the depth of horror to which children have been subjected creates a revulsion that translates almost into disbelief. Clues that attest to the genuineness of the children's stories include involuntary body tremors, uncontrollable sobbing, great difficulty in relating what happened, and an unmistakable look of fear in their eyes. They do not look to me for approval or corroboration; instead, they seem focused on a view within. The damage inflicted on these children, with its long-term effects, is painful to witness. Still, treatment must go on in order to give them a voice, to support them while they unburden themselves of terror and pain, and to acquire some coping skills to live the life in which they find themselves.

## WHAT WE NEED TO DO TO SUPPORT TREATMENT OF ABUSED CHILDREN

These histories of childhood terror and their probable connection with organized devil worship need to be taken seriously as a starting point for improving the way we treat children. In 1962, C. Henry Kempe and associates published a pioneering paper on "The Battered Child Syndrome," and within ten years Kempe designed a study showing physical abuse was preventable.[6] By 1984, Ruth S. and C. Henry Kempe thought we were capable of effectively preventing sexual abuse:



> Because of the forces in the community which brought public attention to the plight of the physically abused child about twenty years ago, it is now likely to take far less time to help the sexually abused child.[7]

By 1994 we have come to realize that the worst form of child abuse is a mixture of physical , emotional and sexual abuse repeated over many years by members of several generations of the family. We have learned enough about ritual abuse to realize how difficult it is to treat, so the obvious answer is to begin devising programs to prevent ritual abuse, both Satanic and generic. Because everyone has some residual terror from their childhood, most people find it difficult to work in programs to prevent abuse. Just as therapists treating abused children need extensive support systems, so do people working in preventive programs.[8] We need to develop an interconnected network in which everyone supports everyone else—in other words, a community of therapists and caregivers, social workers and teachers, police and politicians.

We have to create safehouses for abused children, similar to the safehouse movement for battered women. When we have safe places for children to live free from terror and with love and affection, then we can let children who are being ritually abused in their families know that they have a real alternative. As Lloyd deMause has said, "We seem to have our work cut out for us."[9]

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MATT JOHNSON

# *Fear and Power: From Naivete to a Believer in Cult Abuse*

I am a licensed professional with more than 20 years of clinical experience. I have had extensive training in a number of clinical modalities. I am a clinical supervisor, a communication consultant, a published author. My philosophy contains elements of both skepticism and openness to new ways of thinking. Up until early 1989, the concept of satanic cult ritual abuse was too horrific for me to believe or if true not one I cared to invest my professional time in learning more about. Let other professionals deal with it, was my stance. My naivete and resistance were blasted by a series of events that I am about to share. The following is a true story.

Contrary to David Lotto's article, I was not one of the therapists who had reported treating cases of ritual abuse, I had not yet read *Michelle Remembers*, heard any lectures on ritual abuse, nor elicited memories of abuse via hypnotically induced recall, though trained in clinical hypnosis. I did and continue to have deep respect for the individual psyche's ability to present material as it is psychologically ready to do so and as the personality becomes more well integrated via intensive therapy and strong support networks. Indeed, for a therapist to suggest a pathology or memory to a patient is, for me, an ethical issue. It was only at the point of a number of bizarre happenings and of finding myself and staff being victimized that I was directed to learning about Satanic ritual abuse, mind control, and the use of fear and intimidation as power plays.

Though the following may read more like an autobiographical novel than a professional article, I believe it makes an important statement: that Satanic cults do exist, leaders control and maintain power via fear-

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producing mechanisms, and that quality intrapsychic therapy can be perceived as a threat to the power and control of cult leaders.

My first exposure to a ritual abuse patient was indirect. I was Clinical Director for an outpatient mental health clinic. A clinical staff person, who had transition from another state into our agency, learned that a difficult patient, client "N" whom she had terminated with one month prior, had moved to this same city and wished to continue psychotherapy with his therapist at our clinic. Given the diagnostic complexity of the patient, severe depression with suicidal ideation, and minimal financial funds of patient "N," I agreed to support the therapist providing psychotherapy once a week to assist patient "N" in consolidating appropriate mental health care that could not be provided by our limited outpatient services. Shortly thereafter, patient "N" presented symptoms of M.P.D. and identified one of his personalities as a member of a specific satanic cult that was "calling him back." He identified a specific behavior, that if achieved in therapy, would effectively break the power bind of the personality which held control over the other personalities. Concurrent to the patient receiving therapy at the clinic, I had taken a sabbatical from my role as clinical director to attend to a writing contract. The therapist seeing patient "N" became acting director. What happened in the months to follow was gradual chaos in the work place. Patient "N's" demand to be seen at the clinic intensified. Concerned for his life, his therapist increased the number of sessions and asked two other therapists to assist her. Sessions increased from once to 12 hours per week. Phone calls increased from once per week to 30 per day. Numerous crisis calls on weekends began disrupting the life of the on-call professionals. The clinic also began receiving threatening phone calls from the leader of the cult who demanded that we not interfere with the patients' right to return home for cult ritual holidays.

I was approached by several professional staff members including our medical director, who updated me on the chaos the patient was creating at the clinic. They stated that they would have to terminate employment if the situation did not change. They expressed concerns that the therapist was unable or unwilling to identify the unhealthy dependency with her client, nor could she hear staff complaints and professional concerns. The therapist's behavior became uncharacteristic. In spite of expressed concerns she continued to state she would not abandon her patient and became increasingly angry at those who confronted her. An outside consultant was brought into the agency to



assess the situation. He upheld the recommendation that client "N" be referred elsewhere and if the therapist wished to continue doing therapy with her client, she would need to do so elsewhere. With reluctance and anger, the therapist referred the patient to more appropriate resources. Her strong allegiance to the disruptive patient continued. Animosity and subtle mutiny in the work place began. I became the enemy.

Simultaneous to the chaos in the clinic, I began receiving anonymous phone calls on my unlisted number in increasing frequency. It intensified to the point of my receiving phone calls every other hour, day and night, alternating between odd and even hours on alternate days. Two other events presented themselves which raised my suspicions. My daughter came to me and informed me that she was receiving harassing phone calls 10 to 20 times in rapid succession, Satanic symbols were being faxed to her at work and she was frightened. Shortly after my daughter's report to me, a patient informed me that she was being harassed on a weekly basis by client "N" whom she had met in the waiting room of our clinic. She was concerned because patient "N" had solicited specific personal information regarding my health, my personal relationship, happenings at the clinic, the location of my children and other members of my family and whether I had animals. My patient believed she had betrayed me by giving information. In addition, my client believed her "mind had been played with" by patient "N" in that when she was with client "N" for only a short period of time, she began feeling intense anger and hatred towards me as her therapist, with no apparent basis. I also learned that my unlisted number had been given to patient "N" by one of the three therapists who had been seeing him when a patient at the clinic. At this point my naivete dropped. I was advised by legal counsel and consultants to change my phone number and put an alarm system on my home immediately. Because of the consistency of the prior harassing phone calls, I was conditioned to wake up every hour on the hour, thus interrupting 3rd and 4th stages of sleep essential to my mental and physical well being. Extreme fatigue followed. Harassment intensified. I experienced a series of attempted break-ins at my home, the appearance of strange men wanting to enter my home during the night and/or appearing on my property at odd times during the day. A series of alarms were set off, and, even with a change in my unlisted phone number, harassing phone calls began again.

It was at this time that I began to do research. I read about satanic

cults, sought consultation from other therapists, attorneys, police investigators, mind control specialists, exit counselors and graphologists. What I learned was that other professionals working with ritual abuse clients throughout the country had been harassed in predictable ways, my patient's mind had been influenced, fear and intimidation were being used on me to wear down my physical, emotional, spiritual resistance.

Harassment continued. Twice my family and I were sent out of state for our safety. It was noted that there was a clear correlation between harassment and satanic cult holidays. Having knowledge of specific rituals, I became more concerned for the safety of my children, my pets, clinic clients and staff. As a professional, I was challenged to remain calm and share enough information to alert and not alarm people. A delicate balance, given that I was becoming a trauma victim and rarely felt safe.

A colleague forecast further harassment and advised that if such were to occur, to call him. All that he predicted came about: an IRS audit with no basis in fact, phone calls from bill collectors for bills I *did not* have, attempted break ins to the clinic, my home and my son's business in the same 48-hour period, law suits based on false allegations, defamation of character, and continuation of harassing phone calls to name some.

This was the turning point for me. Enough harassment. I called my colleague, and at his suggestion, I hired a private investigator and a security person and took my life back. Feeling safe and protected, I was able to move from an alien state of fear, confusion and exhaustion to a more normal state. Though feeling safe, living with a lack of privacy had its drawbacks as well.

The toll of the above harassment has been tremendous. The emotional strain and physical exhaustion resulted in a medical leave of absence. Total cost of lost wages, delay in career goals, hiring protection, a private investigator, legal fees, medical bills, etc. was over $750,000. In addition, the mutiny at the agency and callous professional attacks to an otherwise impeccable professional reputation left doubts in the minds of others as to my integrity. Perhaps the greatest loss was the impact on my personal relationships which resulted in a divorce and continued concerns for the members of my family, the patients I served, friends and staff. The ultimate was a need to sell my home, move out of state, have my children keep unlisted numbers.

What I did learn from mind control experts such as Robert Jay Lifton and Steven Hassan is that techniques of mind control can be imposed on virtually anyone and becoming educated to the techniques used and the existence of cults is our best defense. A destructive cult distinguishes



itself from a healthy organization by subjecting its members to persuasion and other techniques to keep them in the group. Mind control can be understood by Leon Festinger's "cognitive dissonance theory"—control of behavior, thoughts, emotions and information. Festinger states that if you change one, the others are likely to change as to experience ego syntonicness. I also learned cults intend to break a person financially, relationally and spiritually. Cult doctrine reduces reality into polarities: good/bad, black/white, us/them. They create an enemy, employ tactics designed to deepen fear, confusion and use fatigue to break down defenses, create phobic responses.

All of the above were utilized in my situation. Through investigation I learned that satanic cults do exist, client "N" was directly involved in the harassment, the cult leader harassing the clinic really existed, and that the issue is about power and control. It has been suggested that satanic cult leaders are experiencing a threat to their power as more sophisticated therapeutic techniques are helping people move beyond identified issues of depression and low esteem to sexual and ritual abuse issues that are criminal in design. I learned that the satanic cults tend to utilize grandizement and minimizing of events to create doubt in a person's mind that satanic abuse exists, that there has been direct placement of clients and professional staff in mental health facilities to create chaos that diverts professionals from the task at hand—to heal traumas. It was the professional opinion that client "N" was *not* a multiple personality, and that at least one additional patient was placed in the clinic and told specifically what to say in therapy. There was also strong evidence of a professional staff person placed in the agency to create splitting of staff.

Since my comprehensive study of ritual abuse, I have provided psychotherapy to many ritual abuse survivors. In my experience, the memories regarding ritual abuse were cathected spontaneously and only at a point where the patient had the ego strength to accept the memory. Most ritual abuse patients presented collaborating evidence via medical histories, body scars congruent with memories, hospitalizations, and independent verification of the experience by other family members. At no time was ritual abuse suggested by me prior to the abreaction. Supportive literature or support groups were recommended only *after* the memory and corroborating evidence was presented. Patients' memories were initially cathected in individual psychotherapy so that ego contamination by another's experience was not considered a factor. Several patients reported being harassed while in therapy and feared

for their safety and the safety of the therapist. There was a common pattern of moving in and out of therapy the more horrific the memory. Patients were told by cult associates, family or friends that the therapists and mental health clinic were sick, the enemy and bad.

Specific, non-coercive control strategies were identified in this process to change the behavior of unsuspecting people: deception, sophisticated loaded language, thought stopping, phobia indoctrination, physiological disorientation via sleep deprivation, stress and nightmares, deliberate use of confusion to induce a trance state, sensory overload, verbal double binds, creation of self-doubt, monotonous repetition, control of interpersonal relationships, creation of an outside enemy, alternating general and pertinent information, repetitive questions and answers, visual anchors and cues.

## SUGGESTIONS FOR THERAPISTS

Based upon my experience, I would advise fellow professionals to heed the following suggestions:

1. Work with ritual abuse survivors who are *not* active members of a cult.
2. Refrain from black/white, them/us thinking.
3. Focus on the contract for change: improved self esteem, alleviation of depression, PTSD, etc.
4. Keep clear boundaries and set firm limits re: availability. Consolidate resources for the patient and have knowledgeable support system for yourself.
5. Be clear that patient has choice to proceed or terminate with therapy.
6. Do not attempt to "save" person from Satanic group. Stay out of rescuer/persecutor position and triangulation with cult.
7. Take care of your physical, emotional, and spiritual needs and watch for burn-out. (Going into trance puts you in a vulnerable position in a therapy session.)
8. Do not emotionally over-react to patient's reporting of cult involvement with fear, anger, disbelief.
9. Focus on creating a safe environment. Healing can only occur in an atmosphere of trust.
10. Adopt a positive attitude that acknowledges a person's natural ability to grow beyond the shame, fear-based traumas. Empower the patient's real self.
11. Take care in documentation of sessions, keep notes directly related to therapy goals. It may not be safe to know specific names and activities reported to you.
12. Listen to the experience of peers.
13. Note uncharacteristic change in yourself, another therapist working with satanic cult abuse for signs of burn-out, enmeshment, black/white thinking, phobic reactions.
14. Educate yourself. It is the best defense.
15. Pay attention to any harassment and take effective steps so that you remain empowered.



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ROBERT B. ROCKWELL

# *One Psychiatrist's View of Satanic Ritual Abuse*

## THE EVOLUTION OF AWARENESS

I did my psychiatric residency training at Albany Medical Center in New York and at Napa State Hospital in California from July 1973 through June 1976. At this time, the concept of "Borderline Personality Disorder" was just beginning to be discussed as an alternative to the diagnosis of "Pseudoneurotic Schizophrenia." Several patients that I saw at this time were given this "Pseudoneurotic Schizophrenia" diagnosis. They often suffered from dissociative symptoms which would now put them in the DSMIII diagnostic category of "Multiple Personality Disorder" or the new DSMIV category of "Dissociative Identity Disorder." Sometimes these dissociative symptoms, such as bizarre or uncharacteristic behavior with memory lapses, were regarded as being due to "denial" or to "acting out." Sometimes they were deemed to be due to "temporal lobe epilepsy," a diagnosis that we were taught was difficult to document, even with an EEG and uncomfortable nasal-pharyngeal leads.

Another diagnosis that I felt uncomfortable about using was "Inadequate Personality." It was given to patients who seemed to be suffering from a strange passivity and an unexplained inability to cope with life's demands. I suspect that people who were given this diagnosis would today probably be diagnosed as "Dissociative." "Hysteria, dissociative type" was a diagnostic category in DSMII, however it was regarded as rare and was seldom "seen" or used.

In 1980 the DSMIII introduced a new manner of making psychiatric diagnosis. Observable symptoms, rather than presumed inner psychodynamic formulations were the basis for determining diagnoses.

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New diagnostic categories were established which included "Multiple Personality Disorder."

## MY FIRST DETERMINATION OF A PATIENT WITH MULTIPLE PERSONALITY DISORDER

In 1985 after ten years of private psychiatric practice, which included part time work in a community crisis clinic and later in a hospital in San Francisco as well as many years of Jungian psychoanalytic training, I began a new job working as a psychiatrist in a County Outpatient Mental Health Clinic in Saratoga Springs, New York where I had grown up. Shortly after I began working in the clinic, the intake psychiatric nurse asked me to see a 32-year-old woman whom she had known for many years. She was married to a supportive husband and had two daughters, eleven and nine years old. This woman had required frequent emergency room visits and had been hospitalized over twenty times for impulsive suicidal gestures, starting shortly before she was married at age nineteen. From that time on, she had been in almost continuous psychiatric treatment. She had been given various diagnoses which included: schizophrenia, borderline personality disorder, bi-polar disorder, depression, hysteria and anorexia. From her chart there were notes that she had insisted that she had multiple personalities, but no one took her seriously. She was noted to have called the emergency on-call therapists and used other names. She was regarded as "acting out" and "being manipulative." In addition to suicidal gestures, her symptoms included visual and auditory hallucinations and rapid personality shifts. Her previous psychiatrist reported that he felt that she was schizophrenic. He had prescribed 32 mg a day of Trilafon, an antipsychotic medication and up to 200 mg a day of the tranquilizer, Librium. On interview this woman presented as an attractive, petite, well-groomed, casually-dressed, auburn-haired, quiet and reserved young woman. Her affect was a bit flat. She described herself at times as feeling like a "zombie," a "robot" or a "Stepford Wife." At times she heard voices inside her head of different people that sometimes were friendly and sometimes were hostile. At times she saw an ugly, male face, like a pig-headed monster or the devil , particularly in the halo around lights. She often felt anxious and panicky; at times she felt depressed and suicidal. She said that she spent much of the day in bed.

We began to meet twice a week for hour-long psychotherapy sessions. A few weeks after beginning therapy, the clinic therapist answering night time emergency calls reported that my patient had called and insisted that her name was "Jane," although the on-call therapist knew by the voice that the caller was my new patient, "Sally." During the following therapy session I asked "Sally" who "Jane" might be? She had no idea. I suggested shutting her eyes and taking a few deep breaths and asking inside who "Jane" was. She shut her eyes. Her facial features changed. Her speech pattern changed. She spoke in an assertive, matter-of-fact manner, explaining that she was "Jane" and that she had been "born" to deal with the fear that "Sally" could not deal with when her mother chased after her with a golf club and she escaped to the attic where it was dark and where there were mice.



At various times during the ensuing therapy hours "Sally" would blink her eyes and other "personalities" appeared. Some were very sweet and protective, particularly of young child personalities. Others were adolescent and very angry. Some were quite critical of "Sally," the host personality. They felt that she was a "wimp." They wanted to kill her and take over so that they could go off and live a more adventuresome life. At times, a vivacious, warm and friendly personality came out. She was achingly seductive. It became clear to me that this woman was not schizophrenic, but suffered from a multiple personality disorder.

## MY FIRST DETERMINATION OF A SURVIVOR OF SATANIC RITUAL ABUSE

A few months after I began seeing "Sally," I received a phone call from a lawyer who asked if I would see the wife of a friend of his who had been picked up for shoplifting in a supermarket. She had taken some candy, a chapstick and some decorations, even though she had a few hundred dollars in her purse. Shortly after his call, I saw "Marie" in my private practice. She was brought by her husband. She was an attractive, casually dressed, athletic, blonde woman, thirty-two years old, with three children, fourteen, ten and four. She claimed to have no recollection of having taken the articles from the supermarket. During the course of the interview her speech developed a haughty, aristocratic accent. When I asked about her accent change, she said that she was not "Marie," but that she was "Betty." She did not like "Marie," nor "Marie's" husband , nor being tied down to "Marie's" mundane married life. She enjoyed parties, and champagne and having a good time. I asked her if she knew who had taken the articles from the supermarket. She indicated that some young child did. The accent changed again and "Marie" emerged. She indicated that she was not aware of

"Betty," although she acknowledged that "Betty" had been her given name. She confirmed losing periods of time and recalled being told that she said and did things that she was unable to recollect. It seemed clear that I was dealing with another patient suffering from Multiple Personality Disorder. I was a bit surprised since I had assumed that this was a rare disorder.

As "Marie's" therapy progressed, various personalities emerged and told me their story in bits and pieces. Each personality had a unique demeanor and voice quality that was appropriate to the age and role of the personality. "Sam" was a seven-year-old boy who loved to play with the other boys in the neighborhood. He was a leader of the group and enjoyed building forts in the woods. He hated being forced to practice the piano and was physically abused by his mother when he did not play the piano correctly. He reported that his uncle had thrown him out of a window. "Sara" was twelve. She had been raped at eleven, became pregnant and bore a daughter, who was raised in a foster family. "Sara's" mother was a nurse who was alcoholic and addicted to drugs. She had effectively abandoned "Sara," who survived by working as a prostitute. She came under the protection of an abusive, drug-addicted pimp. The pimp's dealer took a liking to "Sara." He gave her pimp an overdose of heroin which killed him. "Sara" was taken in as a family member and treated like a daughter by the drug dealer, who was a member of the Mafia. However, she continued to work as a prostitute and was used as a "come on" in a Mafia murder set-up.

Several months after therapy began, "Gloria" began to appear. She was warm and aggressively seductive. She wanted to be sexual with me. She explained that she came into being to do the "sexual work" that "Sara" had been required to do. She enjoyed doing it and did it with relish. While we were talking, a dog barked outside of my office. Her demeanor changed; she look terrified; she shrieked, ran back to my rear office and smashed the window. Fortunately she did not cut herself severely. "Marie" reappeared and was shocked at what happened. She apologetically agreed to pay for the replacement of the window. The next session the dog barked again. She again became terrified and started to run back to the rear office. I restrained her and tried to reassure her that she was safe. I talked with her and learned that her name was "Tanya." She was deathly afraid of a large German shepherd dog named Wolfgang, with whom she had been forced to have sex. Through "Gloria" and "Tanya," a bizarre tale began to unfold. "Tanya" and other young girls were brought to live in the rural mansion of a



wealthy New England businessman. He had treated "Tanya" and the others as daughters and arranged for private tutors and ballet lessons. He gave "Tanya" a pet monkey that she loved very much. He also engaged in strange rituals with a group of other men. One was a doctor from California. They made the girls cut themselves. They apparently liked the blood. "Tanya" anxiously related how one of the girls bled to death. She wore a white dress, and the men had sex with her after she was dead. In another therapy hour, she agonizingly told how the men had tortured her pet monkey and that they had forced her to kill it to put it out of its misery. Another time another personality talked of playing "Russian Roulette" with the men. During one of the games the gun went off and one of the men had his brains blown out.

After her therapy hours with me, "Marie" complained that she felt a great deal of anxiety and a churning in her chest. She was unable to sleep. I prescribed Xanax 1mg four times a day and Restoril at bed time, but these medications did not help.

Several months after therapy began, both of my patients suffering from "Multiple Personality Disorder," "Sally" and "Marie," required hospitalization for suicidal gestures. The hospital psychiatrists did not believe in "Multiple Personality Disorder" as a diagnosis. They regarded my patients as suffering from "Borderline Personality Disorder." Fortunately I was able to continue to see them for therapy while they were hospitalized.

## EDUCATION WITH LEADERS IN THE FIELD

My Jungian training and my sense of complexes and archetypes helped me to deal with these patients, but I felt a need for further education about Multiple Personality Disorder and its treatment.[1] I took the course on Multiple Personality Disorder offered at the annual American Psychiatric Association Meeting in Montreal in May of 1988, taught by Richard Kluft, M.D. and Bennett Braun, M.D. It was an excellent introduction to the field of dissociation. After the course I tagged along with Dr. Kluft and Dr. Braun to listen in on their conversation and to learn what I could. Dr. Braun mentioned that many of the patients that he was treating on his Dissociative Disorders Unit at Rush Presbyterian Hospital in Chicago were reporting to have been horrendously tortured and sexually abused in what appeared to be well organized satanic cults. He privately showed Dr. Kluft and myself video clips from a TV news report of a mother and her son. The son had been physically and sexually abused in a satanic cult that the father

had participated in. The father had disappeared immediately after the son's revelation. Another video clip showed some murder victims who had been mutilated with pentograms carved in their bodies.

I had thought that my patient had been the victim of an isolated group of sado-masochistic pedophiles. I began to realize that her story was not unique. I decided to attend the next annual meeting of the International Society for the Study of Multiple Personality and Dissociation in Chicago. There I met many other therapists from all over the United States and some from Europe who reported similar tales of their patients suffering ritualized torture, sexual abuse and forced killings in apparent worship of Satan. I attended a workshop by a Chicago detective, Jerry Simandl, who reported his experiences and the evidence that he had on the realities of Satanic Ritual Abuse. I began reading some of the books on the subject, such as *Michelle Remembers* by Michelle Smith and Lawrence Pazder and *The Ultimate Evil* by Maury Terry. I was shocked and appalled to find that there was other evidence indicating that Satanic ritual abuse is real and widespread.[2]

In the course of therapy with "Sally," she reported being raped by three college students in red jackets. This I came to realize was a "screen memory." The fragmented details she gradually began to reveal indicated a ritualized rape in front of a group of robed people performed by three young men who injected blood from a chalice into all her orifices and raped her six times each. A mother cat and her kittens were shot with a pistol and were buried with my patient in a coffin-like box. She was then removed, thrown into a lake, cleaned up and brought home. Other personalities reported experiences of being hung upside down for long periods of time when she refused to kill a baby in a ritual.

## THE NUMBER OF PATIENTS REPORTING SATANIC RITUAL ABUSE IS INCREASING

In my private practice and in my practice in the county mental health clinic, revelations of Satanic ritual abuse is reported by an increasing number of patients. The fragmented reports of horror are accompanied with such gut-wrenching pain and emotion that I fully believe that the events took place. I do not believe that I am lightly gullible, as Lotto suggests, but I suspect that these reports will only be told to therapists who have an empathic respect and a belief in what these patients testingly reveal. Survivors have alters that are trained to kill themselves if they discover that information about the cult is being told. The cult



is noted to include psychiatrists, psychologists, physicians and therapists, lawyers and judges. Survivors are legitimately paranoid.

These patients come with a variety of symptoms: drug and alcohol abuse, unexplained panic attacks, anorexia, bulimia, self-mutilation, anxiety, depression, and suicidal impulses. Many of these patients are vegetarian. The reports have similar themes: rape, isolation, torture, prostitution, being filmed for pornography, being forced to kill an infant or a friend and being forced to eat the victims heart or flesh. Each report is different and unique, which indicates to me the probable validity of what is being reported and not that patients are stereotypically copying reports from books, as is argued by people like Lotto and Ganaway. What is the secondary gain from reporting these horrible memories and flashbacks? The usual reaction of these patients is disbelief, horror, anxiety, insomnia and sometimes self-mutilation.

Survivors of ritual abuse who do not know each other and have had no contact with each other create sand play productions with figures acting out themes of ritual abuse in the sand play box. They produce spontaneous drawings of cult themes and symbols often with drops of blood and lightening bolts someplace in the picture. Some alters speak a strange language, presumably "Enochian," a magical language allegedly used in the cult. I find it difficult to presume that therapists are instigating these themes in the sand play and in the drawings of their patients. I doubt that therapists are encouraging "personalities" to speak "Enochian."

My patients have reported being contacted by telephone calls from cult members. A patient who had never been able to hold down a job was able to work for a few years in a day care program until someone, presumably from the cult, joined the staff and began talking with my patient about "the number of the beast" and triggering cult loyal alters. These alters disrupted my patient's life and made it impossible for her to continue her work. One of my patients has received greeting cards with altered pictures and messages that presumably were meant to trigger cult loyal alters. Another patient brought me a silver necklace with the face of a grotesque bearded man with horns that had been given to one of her cult loyal alters. She asked me to keep it.

Many of my colleagues who are not members of ISSMPD and who have not gone to conferences on ritual abuse have told me of having patients who are reporting memories of ritual abuse. A therapist who works in the prison system told me of seeing a number of inmates who suffer from Multiple Personality Disorder and are survivors of Satanic Ritual Abuse.

Patients with Satanic ritual memories are being reported by therapists in Canada, England, France, Holland, Belgium, Germany, Switzerland, South Africa, Australia and New Zealand and elsewhere around the world. Often these patients do not read or speak English, the language that most of the literature of ritual abuse is written in. It is unlikely that these foreign patients are imitating reports from the literature in English.[3]

The revelations of ritual abuse with my patients were not suggested under hypnosis. They were revealed through "personalities" who carried memories of horrible and painful experiences and who felt safe enough to reveal them to me. In the past eight years I have treated five patients for over seven years who have been dealing with extremely upsetting memories of ritual abuse that they would prefer not to have. I have seen four people who have been so upset by their memories and the accompanying anxiety, panic and emotional turmoil that was stirred up because of their memories that they discontinued therapy within a few months. I have seen at least fifteen patients referred by other therapists for medication who indicate consciousness of ritual abuse. Another three patients who are conscious of ritual abuse I have seen in the context of the day treatment program where I work part time. Another five patients who I have seen in therapy for varying lengths of time have symptoms and say things which are suggestive of ritual abuse, but they have not reported any clear conscious memories of ritual abuse. Another ten or more people I have met at meetings or conferences who have told me of their experiences of being ritually abused. All of these people reporting ritual abuse grew up in various parts of the country, indicating that cult activity is widespread. The ages of these people vary from sixteen to sixty-seven, indicating that the cults have been operating for some time. There are historical reports which would indicate satanic ritual abuse has been practiced for the past two thousand years or more.[4]

## THE FALSITY OF "FALSE MEMORY"

The "False Memory Syndrome" is a sham invented by pedophiles and sexual abusers for the media. Ralph Underwager, a Lutheran minister and psychologist in Northfield, Minnesota along with his wife, Hollida Wakefield, M.A. were founders of the False Memory Syndrome Foundation and were on their Professional Advisory Board. They publish a journal called, *Issues in Child Abuse Accusations* and are authors of a book, *Accusations of Child Sexual Abuse.* Ralph Underwager has testified as an expert witness for the defense in numerous child abuse cases. In an interview with Underwager and Wakefield which appears in the Winter 1993 issue of *Paidika,* a pedophile journal published in Holland, they were supportive of pedophilia. They also blamed the trauma of interrogating child abuse victims as being the cause of the children's symptoms and suggested that therapists are implanting memories of ritual abuse in children's minds.[5]



Pamela Freyd and her husband Peter Freyd started the False Memory Syndrome Foundation and initiated the massive public relations effort in which they present themselves as a "falsely accused" couple. Their daughter Pamela Freyd, Ph.D., is a tenured Professor of Psychology at the University of Oregon. She has publically stated that her parents have "exhibited toward me in my childhood and continuing into the present: a pattern of boundary violation, a pattern of invasion and control, a pattern of inappropriate and unwanted sexualization, a pattern of family and relationship dysfunction, and a pattern of intimidation and manipulation." She maintains that her mother has deliberately misrepresented her therapy process and indicates that her accusations of sexual abuse against her parents are valid.[6]

Shirley and Paul Eberle are authors of *Pity the Little Children: The Politics of Child Abuse* and *The Abuse of Innocence: The McMartin Preschool Trial.* These books and numerous newspaper articles that they have written claim that reports of child sexual abuse are unfounded. In the 1970's they were publishers of an underground child pornography journal in Los Angeles called *Finger,* which contained nude photographs of them and their children.[7]

It is not surprising that people accused of sexual abuse sincerely believe their innocence, since perpetrators of abuse are usually themselves victims of abuse and are often dissociative. They are unaware that they dissociate and that they have alter personalities who perpetrate sexual abuse.

## RESEARCH ON TRAUMATIC MEMORY

Research by Bessel van der Kolk at Harvard Medical School indicates that traumatic memories are stored in a manner different than normal everyday experience. Normal, "Declarative" or "Explicit" memory is the memory that is processed through the hippocampus. It is the memory that enables us to make a comprehensible story line. This is the memory that can be distorted, as Elizabeth Loftus' work indicates.

Traumatic, "non-declarative" or "implicit" memories are processed

through the limbic system of the brain and are stored at a somato-sensory level as visual images or physical sensations. These traumatic, "implicit" memories are usually repressed to an unconscious level for survival and adaptation. They are often triggered as "flashbacks" by an associative stimulus such as a sound, a smell or an anniversary.[8]

## REACTION TO DAVID LOTTO'S PAPER

Unfortunately it seems to me that David Lotto is clinging to the diagnostic frame of reference of twenty years ago. He formulates the mind and its manifestations mainly in an inner psychodynamic sense, as Freud did when he failed to believe the reality of what his patients were telling him and gave up his trauma theory. This narrow point of view also clouds the judgement of George Ganaway, M.D., who is a member of the FMS Foundation Scientific Advisory Board and whom Lotto quotes extensively.

There is a great deal of networking going on among therapists who discover survivors of ritual abuse in their practices. This is not because of some inner psychodynamic need to project Satanic ritual abuse on patients, as Lotto suggests, but derives from a need to understand the complexity and difficulty of treating survivors. There is no secondary gain or reason for patients or therapists to create reports of horrendously abusive cult experiences, as Lotto implies. If anything, survivors are extremely reluctant to admit what happened to them and occasionally do recant, because what they experience in flashbacks is so unbelievable and distressing it interferes with their functioning in everyday life. However, there are many who do have the strength to face up to the horrors of what they were involved with and have the courage to deal with these experiences in therapy. Some have written and talked about it.[9]

David Lotto also seems to be selective and slanted in his attempt to make the reports of ritual abuse seem ludicrous or unfounded. The article which Lotto cites in the *New Yorker* specifically states that Paul Ingram confessed during the initial interview with his interrogators,[10] not, as Lotto indicates, following months of questioning by police.

He also mentions the "Dawn Raids" in the Orkney Islands where children were allegedly taken from their homes without justification. According to Diane Core in her book *Chasing Satan,* there was some basis for the social workers and police to take the children into protective custody;[11] however, as with many cases of child protection, the legal process was overly stringent about evidence. In spite of "articles



that corroborated some of the disclosures by the children, the sheriff declared himself unimpressed" and dismissed the case before witnesses could be heard. He was later criticized in his handling of this case by three appeal judges in the court of Session.[12] One of the children refused to go home after she was released.

The story about children being threatened to be put in a microwave oven, which Lotto suggests as a ludicrous account, is just one of many threats that ritual abusers have been known to use to frighten children.

Discussions with child therapists and child protection advocates indicate that they have a perpetual problem with judges, lawyers and the legal process not dealing adequately with child sexual abuse cases. In spite of evidence of child abuse in the McMartin Preschool Case in Los Angeles and the Jordan, Minnesota Case the perpetrators were acquitted because of legal technicalities.[13] This is also the case for many Ritual Abuse cases brought to trial in Europe.[14]

Several cases of Ritual Abuse have been successfully prosecuted:

August, 1984 in Niles, Minnesota, Richard Barkman, the husband of a daycare operator, was convicted.

August, 1984 in Miami, Florida, Frank and Illian Fuster went to prison because of abuses at their Country Walk Daycare. The case has been impressively documented in the book, *Unspeakable Acts* and in the ABC docudrama of the same title.

September 1984 in Malden, Massachusetts, The Fells Acre Daycare case culminated in guilty verdicts against Violet Amirault and her daughter Cheryl Amirault-LeFave. They were given sentences of from 8 to 20 years

December 1987 in Roseburg, Oregon, The three Gallup Christian Daycare facilities were the scene of crimes which resulted in the conviction of a minister, his wife, and his son. Mary Lou Gallup's conviction was reversed because of a discovery violation, but Ed Gallup, Sr and Ed "Chip" Gallup, Jr. both served their sentences

December 1987 in Carson City, Nevada, Martha Felix and her nephew were convicted of criminal acts against children who were placed in her baby sitting service. In 1993 the Nevada State Supreme Court reversed the verdict.

April 1988 in Maplewood, New Jersey, Kelly Margaret Michaels was convicted of offenses she committed at the Wee Care Daycare. An appellate court decision in 1993 reversed her conviction, largely on the basis of alleged improper expert testimony and an overly sympathetic attitude toward the children on the part of the judge. Two books, *Naptime* and *Not My Child* have been written about the case.

September 1988 in Santa Rosa, California, Darryl Ball and Charlotte Thrailkill plea bargained on molestation charges and were sentenced to substantial prison terms. The prosecutor's opening statement referred to the ritual aspect of the crimes, and the child victims described satanic ceremonies which included ritual murders.

May 1989 in Stuart Florida James Toward plead guilty to charges arising out of abuse at the Montessori school where he was principal and received a 15 year sentence. Brenda Willliams, his secretary, was sentenced to six years. (*Civia Tamarkin mentions in a talk given at the 1993 Eastern Regional ISSMPD Meeting that further investigations indicate an international networking of Toward with child prostitution rings and other Montessori schools. Their guilty plea prevented further evidence from becoming public through a court proceeding.*)

April 1990 in Thurston County, Washington, Paul Ingram, a former chief civil deputy for the Thurston County sheriff's office, within minutes of his advisement confessed to ritual abuse occurring over many years and which allegedly involved two other law enforcement officers. Ingram has been sentenced, but charges against the other two were dismissed because the victims were too traumatized to appear in court. This is the case written about in the New Yorker Magazine. In September, 1992 the Washington State Supreme Court rejected Ingram's motion to withdraw his guilty plea that he claimed was coerced while in a "trance-like state."

December 1990 in Akron, Colorado, Philip and Michael Schmidt pled guilty to molesting children attending the daycare operated by their grandmother, Hazel Riggs, who was sentenced on a lesser charge. The Denver Post story on the case included ritual



allegations by a child victim. Prosecution was handled by the Attorney General's office.

March 1992 in Mansfield, Ohio, two teenage baby sitters at the First Presbyterian Church were sent to prison for abusing children during church functions. Lawrence Rhode, 19, was sentenced to 14 years, and Scott Butner received from 5 to 10 years. Children also told of being taken from the church and witnessing murder, cannibalism, and mutilation of corpses. Parents of about 60 children have urged that charges be filed against other church members who allegedly were involved, but the grand jury has declined to indict anyone else.

April 1992 in Edenton, North Carolina, Robert Kelly, owner of the Little Rascals Day Care Center, was found guilty on 99 out of 100 counts of sexual abuse and sentenced to 12 consecutive life terms. Twelve children testified in court, and one young victim described how the perpetrators would pray, "Oh devil, destroy these children." As of April, 1993 one other defendant had been convicted and five others remained to be tried.[15]

Frances and Daniel Keller, operators of Fran's Day Care near Austin, Texas, were convicted In November, 1992, of aggravated sexual assault of a three-year-old girl. ... Three children who attended the day-care center have made allegations of abuse that, in addition to sexual molestation, include references to being buried alive with animals, painting pictures with bones dipped in blood, being shot and resurrected, digging up a body in a cemetery and nailing it together, having giant germs implanted in their bodies, and making pornographic movies at gunpoint. Besides the three children who have reported abuse, several nondislosing children who attended Fran's Day Care are showing symptoms of abuse, such as persistent nightmares and age-inappropriate sexual behaviors. ... Texas Ranger Johnny Waldrip, who was a member of the investigative team, described the ritual abuse elements as a deliberate ploy to discredit the children. Waldrip said he believes the children were subjected to ritualistic acts so that when kids start talking about babies being killed and bodies dug up, it discredits them so much no one believes them. Parents believe the Kellers used programming techniques,

such as triggering the victims with hand signals, ordinary objects and key phrases, to control the children. The mother of the three-year-old witness stated that she belives hand signals were flashed at ther child while the little girl testified in court. Reporters for KTBC-TV videotaped Daniel Keller holding his hand in what appeared to be a choking gesture.[16]

On December 30, 1993 an article was published in the International Herald Tribune reporting the arrest of four ringleaders of a satanist group in Greece:

> According to the charges, the group carried out rituals in tribute to a satanic god, rituals that mostly involved drinking and sex orgies. They would then restrain their victims with chains and handcuffs, torture them and in two cases put them to death with daggers and a gun.[17]

These convictions and reports would tend to contradict FBI spokesperson Kenneth Lanning's claim that there is no evidence of cult abuse murders. There might not have been bodies found in the above mentioned cases , but there is evidence of cult abuse of children and indications that there were murders.[18] Patients have told me that the cult uses many methods to dispose of bodies, such as having dogs eat the remains, burning remains in incinerators, putting bodies in coffins underneath deceased about to be buried.

## RITUAL ABUSE AND "PROGRAMMING"

Survivors of satanic ritual abuse report being tortured, drugged, electroshocked, put in isolation, forced to eat feces and drink urine, being degraded and then comforted, participating in sex and murder. The method to this madness apparently is not just for some sado-masochistic pleasure, but to produce people with programmable multiple personalities. The "host personality" can live an unsuspecting "normal" life, but on receiving a designated stimulus he or she will unconsciously switch to a personality that will behave in a prescribed manner that they have been trained and programmed to do. Later they can be cued again from the outside or self— cued to switch back to the "normal" host personality and have no recollection or consciousness of what the programmed personality has done.[19] Cult programmed children and adults have alters that are programmed to do all sorts of criminal activities from pornography and prostitution, to drug dealing and murder.



There are disturbing accounts of the CIA being involved with experiments in mind control to produce "Manchurian Candidates."[20] Although there is no clear documented connection between the CIA and Satanic Cults the methods developed in the CIA mind control experiements are very similar to the sophisticated methods of mind control used by satanic cults. In the strange case of "The Finders Cult" CIA members were apparently involved in a child pornography and prostitution ring that was cclaimed to be a front operation. The investigation was squelched.[21]

Many powerful and prominent people in business, the professions, law enforcement and government are alledged to participate in cult activities. In *The Franklin Cover Up,* former Nebraska Senator John DeCamp documents in detail the interconnections between the worlds of finance, politics, law enforcement, pornography, prostitution, drugs, weapons sales, government and Satanic cult activities.[22]

## THE IMPLICATIONS OF SATANIC RITUAL ABUSE

What I find intriguing is not the debate whether cult abuse exists or not. On the basis of my clinical experience and the reports of others, I believe organized satanic ritual abuse does exist. The important question is what is the function of this organized psychologically and socially destructive behavior? Jung and his followers have talked about the "shadow" as part of the psychic structure of the mind.[23] There have been secret organized groups in many cultures throughout history that have "acted out" anti-socially, such as the "Assasins" in the Middle East in the 12th and 13th centuries.[24] The Thuggees, a Hindu cult in India during the 17th, 18th and 19th centuries worshipped the goddess of destruction, Kali, and practiced human sacrifice.[24] Cultures with a shamanic tradition have not only "good spirits" but also "bad spirits" that can be mobilized to produce destructive results through "Black Magic" and witchcraft.

If there is a balance and a complementarity in the psyche and in cultures, does it then hold true that where there are many "positive" elements there is thus bound to be many "negative" elements? If our psyche and our culture can be regarded in an ecological manner, metaphorically, if we have too many rabbits, (ie. identify too much with overly idealistic values or if our values are too "soft" or naive), does this leave us open to an increase in wolves (i.e., subject to overt and/or covert abuse and exploitation)?

Jung has been quoted as saying somewhere: "Where there is an ab-

sence of love, power steps in." Is their too little love in our lives? Is their something wrong in our child rearing practices? Some Jungian thinkers such as Murray Stein have reflected that perhaps our religious ideas and our concept of God has not given enough recognition to the shadow side of the Self or God, leaving an opening for the unconscious acting out of the shadow. Other Jungian thinkers such as Jeffrey Satinover have mentioned that honoring evil in the Godhead, as the Gnostics did, leads to unchecked abuses of power and "acting out." Nathan Schwartz-Salant has mentioned that ritual abuse is not surprising and probably occurs in all cultures, since, as Freud indicated, civilization is based on repression and where there is repression there is bound to be unconscious "acting out." [24]

Lotto, Gannaway, et al are too quick to disbelieve the reports of ritual abuse after only superficial examination. The evidence for ritual abuse exists. The accounts of survivors should be accepted and taken seriously. Evidence should be pursued more thoroughly. Ritual abuse raises important questions that we need to explore and find answers to. What is the structure and the ecology of the human psyche and of human cultures that promotes and supports ritual abuse? What is the function of Ritual Abuse and intentional dissociation and programming? Does it just serve as an excuse for criminal and sado-masochistic behavior? Do child rearing practices play a role? Does our spiritual life play a role? What practices inhibit the development of ritual abuse? The survival of an integrated, co-operating human community may depend on our finding answers.

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*The two patients presented in this article gave me permission to write about them. Their names and the names of their personalities have been changed to protect their identities.*

1. I am sure that this need for education is the primary motivation for the increasing number of busy therapists who take the time and expense to attend ISSMPD and related conferences. Working with these patients is difficult and complicated.
2. Pulling, Pat, *The Devil's Web,* Huntington House, Lafayette, LA, 1989. Raschke, Carl, *Painted Black,* Harper, San Francisco, 1990. Sakheim, David K. and Devine, Susan E., *Out of Darkness,* Lexington Books, New York, 1992. Kahaner, Larry, Cults That Kill, Warner, Books, New York, 1988. Mayer, Robert S., *Satan's Children,* G. p. Putnam's Sons, New York, 1991. Spencer, Judith, *Suffer the Child,* Pocket Books, New York, 1989. Hayden, Torey L., *Ghost Girl,* Avon Books, 1992. Tate, Tim, *Children for the Devil: Ritual Abuse and Satanic Crime,* Methuen, London, 1991. *Ritual Abuse, Definitions, Glosssary, The Use of Mind Control,* Report of the Ritual Abuse Task Force, Los Angeles County Commission For Women, Los Angeles, CA 1991. Two excellent video tapes on ritual abuse are: *Significant Others,* and *Children at Risk: Ritual Abuse in America,* produced and distributed by Cavalcade Productions, Ukiah, CA. Three newsletters dealing with ritual abuse are: *Newsletter for the Investigation, Treatment and Prevention of Ritual and Cult Abuse,* ed. Pamela J. Monday, Richardson, TX and *Survivorship,* ed. Caryn StarDancer, 3181 Mission #319, San Francisco, CA, Believe the Children Newsletter, P.O. Box 26 - 8462, Chicago, IL 60626.
3. Tape XE 860-93 Conversation Hour 5 *Ritual Abuse in Europe* moderated by Onno van der Hart, Ph.D. at the 10th International Conference on Multiple Personality and Dissociative States, Chicago, Il, Oct. 1993.
4. Hill, Sally and Goodwin, Jean, *Satanism:Similaritiess Between Patient Accounts and Pre-Inquisition Historical Sources* , **Dissociation** vol II, No. 1: March 1989. Another important historical background document is: Scholem, Gershom, *The Holiness of Sin,* **Commentary**, vo. 51, No. 1, Jan. 1971. This is an account of the messianic movement of Sabbatai Zevi which I think is related to current Satanic ideology and practice, which is very Kabbalistic.
5. See *Paidika: The Journal of Pedophilia,* Vol. 3, No. 1, Issue 9, pp. 2-12.. or see *Defense Expert Resigns,* Believe the Children Newsletter, Vol X, Fall 1993, Chicago, IL, p. 5 & 8.
6. Presentation delivered at The Center for Mental Health at Foote Hospital Continuing Education Conference: *Controversies around recovered memories of incest and ritualistic abuse.* Saturday, August 7, 1993, Ann Arbor Michigan. )
7. I have seen copies of *Finger* at various conferences on Child Abuse.
8. Van der Kolk, Bessel A., *The Body Keeps the Score: memory and the evolving psychobiology of post-traumatic stress,* paper accompanying the video **Trauma and Memory** by Cavalcade Productions, Ukiah, CA. This is an excellent presentation on trumatic memory. Another excellent paper on this subject, *Psychological Trauma, or Unexperienced Experience* by Ivor Browne, professor of Psychiatry at the University College, Dublin, published in ReVision vol 12, No. 4, Spring 1990, pp. 21-34.
9. Stratford, Lauren, *Satan's Underground,* Harvest House, Eugene, OR, 1988. Stratford, Lauren, *Stripped Naked,* Pelican Publishing Co, Gretna, LA 1993. Hoffman, Wendy, *Ascent From Evil,*Triumph Books, NY 1994. Smith, Margaret, *Ritual Abuse, What it is, why it happens and how to help,*Harper, San Francisco, 1993. Stardancer, Caryn, *ed, Survivorship, an International Forum on Survival of Ritual Abuse, Torture and Mind Control,* a journal published in San Francisco, CA.
10. p. 60-61 *Remembering Satan* by Lawrence Wright, **New Yorker** May 17, 1993.
11. "The statements alledged that a masked minister, subsequently named in a public enquiry as the Rev. Morris McKenzie, stood in the middle of a circle of children and hooked out a child with whom he then had sex. An eight year-old girl drew a circle in a field and was said to be distressed at her memories. A second girl, also aged eight, drew a man in the middle of a circle, wearing a cloak. She said the man used a walking stick to draw the children into the circle. Social workers, at this point, already had graphic descriptions of this man, who was said to wear a mask and a hood. Their information came from the three children who had been flown off the island months before the dawn raid. In other words, there was no question of the children conspiring to hoodwink gullible adults with an identical fantasy. Some of the parents were also named by their children in the corroborating statements." Core, Diane, *Chasing Satan,* Gunter Books, London, 1991, pp 133-13.

12. Core, Diane, *Chasing Satan*, p.82.
13. In an October 1988 Los Angeles Times article the medical examiners of the original 13 children scheduled to testify in the McMartin Pre-school trial reported finding "scars, tears, enlarged body openings or other evidence indicating blunt force trauma consistent with repeated sodomy and rape." One of the children bled from the anus. Some had contracted venereal disease. Civia Tamarkin, a former journalist from Time and People Magazine gave a detailed account of the McMartin case and others in a recorded talk given at the 1993 Eastern Regional ISSMPD Conference. She will be publishing a book about her findings soon.
14. Vargo, Beth, "Ritual Abuse in Europe," *Believe the Children Newsletter*, Vol IX, 1992, p. 1, 6-9.
15. Personal communication and compilation by Dale McCulley, Cavalcade Productions, Ukiah, CA.
16. Vargo, Beth, "Ritual Child Abuse in Europe," *Believe the Children Newsletter* Summer 1993, vol X, issue II, p 6, and Gamino, Denise and Ward, Pamela, "Garden of horror: Parents shudder over tales of abuse at Texas day-care center," Fort Worth Star-Telegram, Sunday December 20, 1992, Section A, pp. 8-9.
17. Anastasi, Paul, "Greek Satanist Group Accused of Killing 2," New York Times Service, *International Herald Tribune*, Thursday, December 30, 1993.
18. Civia Tamarkin, an award winning journalist spoke at the 1993 Eastern Regional ISSMPD giving details of the evidence and the problems in bringing the reports of murder into the court. Tape available.
19. See Neswald, David, "Common 'Programs' Observed in Survivors of Satanic Ritual Abuse," The California Therapist, Sept/Oct. 1991, pp. 47-50. also Gould, Catherine and Cozolino, Louis, "Ritual, Abuse, Multiplicity and Mind Control," Journal of Psychology and Theology, vol 20, No. 3, 1992, pp 194-196.
20. See Scheflin, Alan and Opton, Edward M., *The Mind Manipulators*, Paddington Press, 1978. Scheflin, Alan, *Freedom of the Mind as an International Human Rights Issue*, **Human Rights Law Journal** vol. 3, No. 1-4 see particularly pp.49-64. Marks, John, *The Search for the "Manchurian Candidate,"* W.W. Norton & Co., NY, 1979., see also Budiansky, Stephen, et al, "The Cold War Guinea Pigs: The Government's Secret Experiments Using Radiation, Mind Control, Chemicals and Drugs on its Citizens," *U.S. News and World Report*, January 24, 1994 pp.33-38.
21. See Witkin, Gordon and Cary, Peter, "Through a glass, very darkly," *U.S. News and World Report*, Dec. 27, '93 - Jan 3, '94, p. 30. also Civia Tamarkin's reports on this cover up in her talk .
22. DeCamp, John, *The Franklin Cover—Up*, AWT, Inc., Lincoln, Nebraska, 1992.
23. See Henderson, Joseph, et al, *Shadow and Self*, Chiron Publications, 1990.
24. See Howard, Michael, *The Occult Conspiracy*, Destiny Books, Rochester, VT, 1989. This is an interesting book tracing occult influences in potitics and government from the time of ancient Egypt to the present.
25. Howard, p 29.
26. These positions were derived from personal discussions with Murray Stein, a Jungian analyst and author in Chicago, IL, Nathan Schwartz-Salant, an author and Jungian analyst in Princeton, NJ and Jeffrey Satinover, an author and Jungian analyst in Westport, CT.

**SANDRA L. BLOOM**

# *Hearing the Survivor's Voice: Sundering the Wall of Denial*

> "The need to deny death, or at least to blunt consciousness of it is shared by everyone. We could not live with a persistent awareness of death ... Denial of death may be a stabilizer of action for life's sake, but seduced by it, we may also be brought closer to the death we wish to evade." —Martin Wangh, *The Evolution of Psychoanalytic Thought on Negation and Denial*

In "Schindler's List," Spielberg's monumental film about the Holocaust, a remarkable scene takes place in the female prisoners' barracks of a forced labor camp. The characters who are speaking are all Jewish women. They have just experienced being forced into leaving their homes and moving into the Krakow ghetto and have then survived the liquidation of that ghetto, only to be imprisoned in the unspeakable conditions of the camp, a place in which random murders, arbitrary torture, and routine humiliation are part of daily life. As observers, we know what has happened to them, and we know what their future is to be. But they represent the voice of the unknowing present. Crowded together, three and four to a narrow bunk, the women are deep in conversation. One of the women is telling a story she has heard about what is happening to other Jews in places like Auschwitz. She gives what we now know to be an accurate account of the gassings and the crematoria. But her listeners actively deny that her story could be true, arguing how illogical, how incomprehensible, it would be to do such things, finally telling her to keep quiet and stop trying to scare them.

The horrors of the present are only truly known to the victims and to those who perpetrate the horror. The rest of us, the bystanders,

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spend most of our lives denying the reality of the irrational all around us, despite the many lessons history has to teach us. Only when confronted with massive evidence and/or personal experience do we lower our protective shield of belief in the fundamental and controlling rationality of human existence and even then, often the shattering of our comfortable belief systems are only temporary. Denial is a potent and universal defense, protecting us from being overwhelmed by an unacceptable internal or external reality. Rafael Moses has described the functioning of denial in the political process, using examples taken not from satanic cult experiences but from the Holocaust and modern Israel. He describes an adult form of denial different from the more primitive forms of denial seen in childhood or in psychotic patients, a denial that is set in motion by relatively healthy persons, is unconscious, and is directed mainly at an external reality that represents a threat to physical or psychological existence. This form of denial can be used by the individual, by a group, by a community, or by a nation and becomes visible in the political process and is, he believes, ubiquitous. Like any defense, denial can be life-saving in the presence of acute threat, but Moses raises the question of what price we pay for this type of denial and asserts, "Bluntly stated, I believe that such denial brings about an impediment in the ability to face and therefore deal with the danger that is being partially denied. By not facing danger, the society, just as the person, is able to deal less efficiently than possible with the approaching threat." (Moses, 1989).

## THE RITUAL ABUSE CONTROVERSY

In the last ten years there have been increasing numbers of reports of ritual cult abuse in children and in adults, remarkably similar in detail, from all over the United States and in other parts of the world (Cozolino, 1989; Jonker & Jonker-Bakker, 1991; Nurcombe & Unutzer, 1991; Sackheim & Devine, 1992; Sinason, in press;Young et al, 1991). Because of the sensational nature of the material and its pornographic content, it has aroused great interest and great controversy. Theories abound ranging from attention-seeking on the part of hysterical patients to theories that involve ex-Nazis and CIA-directed mind-control experiments. Unfortunately there is still a dearth of both scientifically controlled studies or good investigative journalism (Jones, 1991; Kluft, 1989; Putnam, 1991; Van Berschoten, 1990).

The entire subject of ritual abuse is so inflammatory and controversial that most discussions about the subject flare up into bitter and



divisive arguments between different camps of believers. These groups generally constellate into those who believe that there is no such thing as cult abuse, alleging that the present phenomenon is the twentieth century version of the medieval witch hysteria (Lotto, 1994) and those who believe that there is a widespread network of sadistic abusers who have been and are still in the business of abusing children for a number of scurrilous motives, not the least of which is financial gain. There are also those religious fundamentalists who believe in the literal existence of Satan as an active oppositional force to God (Richardson et al, 1991; Sackheim & Devine, 1992; Victor, 1993).

In the process of focusing on the issue of "belief" what is frequently overlooked is the very real, devastatingly destructive, and prolonged suffering of the patient. Certainly, questions can and should be raised about the nature of widespread and organized abuse. There can be no question, however, that a significant proportion of the psychiatric population suffers from syndromes that are trauma-related. Initially recognized through work with Vietnam veterans, it is now generally accepted that there is a universal reaction to overwhelming stress that has come to be called posttraumatic stress disorder. Stress that overwhelms our capacity to cope consistently produces serious biological, psychological, social and moral consequences. Many survivor groups have now been studied including disaster victims, Holocaust survivors and their children, victims of torture, prisoners of war, refugees, burn victims, and others (Wilson & Raphael, 1993). Although there are some distinguishing features about patients who report ritual abuse, in the main their symptoms differ little in nature or severity from patients with similar long-term and devastating psychological damage like concentration camp survivors, prisoners of war, and torture victims—all of whom have experienced prolonged periods of coercive control (Herman, 1992) and numerous encounters with the threat or reality of death—the death imprint (Lifton, 1993). We cannot claim direct knowledge about the exact details of the traumatic childhood experiences of our patients who report ritual abuse, many of whom suffer from multiple personality disorder, but we can say with a high degree of certainty that their symptom picture is consistent only with trauma of monumental proportions.

By now there are many accounts of the experiences that patients report, some examples of which can be found within other articles in this issue. The experienced clinician becomes readily caught on the horns of a dilemma when listening to these stories. On the one hand, the cult

survivor's account is often difficult to credit due to the frequent flamboyant nature of the story, the extremes of recounted behavior, and the ongoing elaboration of more and more detail. For any reasonable person, the inevitable questions present themselves: Where are all the dead bodies? How could this many children have been kidnapped, abused, and murdered? Could there actually exist a large group of modern men and women sane enough to pursue normal lives by day and insane enough to engage in satanic rituals by night? Why would groups of people revel in death, blood, eating excrement, fornicating with dead bodies? Is it possible for any group of humans to keep this big a secret for this long? Where is the evidence? And what could it mean to our vision of the world if, in fact, these activities are going on in a relatively widespread fashion? Who could blame any rational person for preferring an explanation that focuses on the somewhat mystical concept of hysteria that firmly bases the explanation within the imaginative pathology of the patient—usually the female patient.

A psychohistorical perspective implicitly demands a willingness to look at the other half of reality, the part we would just as soon not see, the threatening but obvious irrationality of historical and political events, of individuals and groups. Nothing illustrates the irrational as much as the alleged beliefs and practices of satanist cults. For many therapists and laypeople, the willingness to believe in the real existence of such people and practices comes gradually, a process of incremental acceptance of human cruelty and sadism, more than the sudden conversion to a belief in the unbelievable. This gradual process of exposure makes the unbelievable more believable because the shield of denial that surrounds us in our daily life is gradually reduced rather than being suddenly shattered or threatened. Much of the entire difficulty in making any sense of the present "dialogue" between those who advocate that patients' memories of abuse are false and those who assert that they are all or partially true hinges on the issues of credibility and experience.

As I have stated in another work, "Ten years ago, had a patient come to me and told me that they had been sexually and physically abused in a satanic cult, that they had been forced to engage in the most degrading of acts, that they had participated in the sacrifice and cannibalism of infants and adults, I would have diagnosed them as suffering from some form of paranoid disorder and I would have tried antipsychotic medications to treat their delusions. I would have labeled their dissociative experiences psychotic. I would have found any excuse to get them out of my practice and out of my life. I could not bear to believe



that such things are possible. Now I recognize that there is a very long continuum of human pain and human possibility" (Bloom, 1994).

## SPEAKING FROM PERSONAL EXPERIENCE

My comments must be understood within the context of my own experience. I have been running an inpatient psychiatric unit since 1980. Around 1986, we began recognizing that we had been denying the impact of childhood abuse on many of our patients, even though, in many cases, we had that information available to us. Our patients did not suddenly begin telling us about their abuse as a result of influence from us, the media, or anyone else. They had been telling us all along, we had just been refusing to listen (Jacobson & Richardson, 1987). When we reviewed old charts of patients who had been readmitted to our unit we discovered that they often had told us about information that only now began to make sense. We had a particularly interesting situation since, being in a relatively stable community with a stable practice, many of our patients were people we treated before and after we had begun to recognize abuse as a major treatment issue and we were therefore able to see our own "before and after" results. As we expressed a willingness to take this information more seriously and include it in our treatment recommendations, our patients began to respond rather dramatically to the change in us, in our willingness to see them as credible informants about their own histories, as suffering human beings who deserved our respect rather than our disdain. When we began validating the horror and injustice of their experiences and in return offered a comprehensive cognitive framework within which they could understand and begin to restructure their symptoms, treatment became much more effective and patients previously considered virtually hopeless began to show improvement which has been sustained. Many of these patients entered treatment with clear memories of their childhood physical, sexual, or emotional abuse. Others had fragments of memories but had begun having flashback experiences that were vivid and terrifying. Still others, with symptoms similar to the first two groups, remembered little until after they had entered treatment. For the first several years, we had few preconceptions about the nature of the entire recovery process. This was all new material to us. Little that we had been taught in our various training programs prepared us for what we were inadvertently uncovering.

I can say quite unequivocally that we had no previous agenda, no ax to grind, no crusade to launch. We simply were willing to admit that

up until that point our methods of treatment and the extent of our understanding of psychiatric disorder was quite limited and we were, therefore, still open to new learning. What we learned was not from textbooks, was not anything we wanted to know about, was not conveyed easily or comfortably to us by our patients. The reality of child abuse was hard to digest, internally conflictual for us all, made us feel contaminated, deskilled, angry, resentful, disgusted, frightened, and sad. Only our respect for these survivors of traumatic experience kept us able and willing to listen. As we began to recognize their courage instead of seeing only their failures, they inadvertently rewarded our "efforts" by improving, and like any other scientific discovery, we suspected that we were on to something quite important, something with major implications for the culture.

But not everyone improved. Gradually we began to notice a subgroup of patients whose symptoms were similar to those of our most traumatized survivors, symptoms also consistent with those of other survivor groups who had suffered severe, prolonged, dehumanizing experiences—Holocaust survivors, victims of torture, prisoners of war. Many of them also were diagnosed as suffering from multiple personality disorder known to be etiologically linked to severe, repetitive, and inescapable trauma in childhood. But there were also differences in their clinical presentation, differences that though hard to quantify were easily identifiable by the entire clinical team. Their symptoms were, somehow, worse, more severe, more disabling, more encompassing. Their general level of terror was higher, more paralyzing, more persistent. They would be "triggered" by an unusual number of everyday articles like knives, articles of clothing, jewelry, by specific dates, by symbols, particularly religious symbols although they were not necessarily religious. And when any of these objects or events triggered a flashback experience similar to many other trauma survivors, their fear and symptoms of physiological hyperarousal were markedly greater and far more difficult to soothe. Their ability to connect with other human beings was significantly more impaired than others, and they had a clearer tendency to test the boundaries and reliability of relationships than other patients with the more typical intrafamilial abuse. They showed more difficulty tolerating group therapy and appeared to be particularly disturbed by the physical layout of the group in a circle, especially if music was in any way involved in the group setting. They had a pronounced heightened tendency to dissociate in the group setting as well, and tended to be more dissociative than even



other multiple personality patients. In their art work , they consistently limited themselves to using only reds, blacks, and grays and the same representations would appear over and over among people who had no contact with each other and had not even begun to talk about ritual abuse—bloody bodies on altars, tombstones, upside-down crosses, hooded and robed figures, crowds of watching figures, pentacles, blood, excrement. dismemberment, aborted fetuses, animals being killed. When asked about these drawings, the patient would often deny that they had any meaning, apparently oblivious of the actual content.

These patients had other characteristics that began to differentiate them from others on the unit once we became clinically sophisticated enough to notice. Victims of early childhood trauma often are quite self-destructive and victims of sexual abuse, particularly, commonly self-mutilate, often repeatedly inflicting cuts to their arms and legs. But these patients cut more and cut more bizarrely. Not infrequently they made wounds not just to their arms and legs but to their abdomens, their faces, their genitals. And we noticed that this behavior seemed to be provoked by much lower levels of distress than other patients. Additionally, their general level of rage, hostility, aggression, detachment from others, lack of trust, and impairment in the capacity to attach to others seemed much greater than patients, who for instance, were incest victims or victims of other kinds of sexual assault and more similar to reports of concentration camp survivors and other victims of prolonged imprisonment and torture (Lifton, 1993). When they did spontaneously form tight interpersonal bonds, it was usually to patients with a similar constellation of symptoms, and the two or three of them would quite rapidly form a "minicult" that became quite exclusive of other members of the community and an air of secrecy permeated these bonds, an attitude that only the other could truly understand their experience.

Despite the clinical evidence that these patients had been severely traumatized in unusual ways that were somehow quite different from the abuse suffered by other patients we were treating, we resisted the information that started to appear in the literature and conferences that pointed to the possibility of organized ritual abuse. It was too bizarre to contemplate, too irrational, too horrible, too frightening. And this comes from clinicians who had been hearing bizarre tales of cruel and irrational behavior for years—children savagely beaten, deliberately burnt, tied to doghouses and starved, passed from family member to family member for sexual pleasure, and many of these ac-

counts had corroborating evidence. We had spent years, by this time, bearing witness to human cruelty to children, and yet we still resisted the possibility that such cruelty could spring from organized groups of family members and other adults who were presumably motivated by power, money, sadistic pleasure, and bizarre "religious" beliefs, despite the obvious existence of child pornography—which somebody must be filming—and the well-established practice of child prostitution documented in many areas of the world (Simons, 1993; Nash, 1993). To be perfectly frank, many of us still have a great deal of difficulty accepting the reality of satanic cults, and yet when faced with the clinical material, the actual presence and witness of the suffering patient, one cannot help but become convinced that the greatest danger is not that well-meaning clinicians will be found gullible in the face of histrionic patients. The greater danger is that as we colluded for the last century in denying the reality of child abuse, so too will we deny the more flagrant examples of human evil, despite the manifest twentieth century examples of the Nazis, the Cosa Nostra, the torturers in South America and Southeast Asia, or closer to home, Dresden, Hiroshima, Nagasaki, Iraq.

Many of the questions raised by skeptics are valid and need to be answered, but answers need to be sought from a perspective of open-minded investigation, not from the point of view of absolute belief or non-belief, and too frequently the critics are as strident, sarcastic, self-assured, and condescending about their criticism as the true believers are in their certainty. As the matter stands now, we cannot be sure about the extent of ritual abuse. Although there have not been many convictions, there have been some, and even in the most widely known cases there has been a great deal of information that leads one to question not so much the innocence of the alleged perpetrators as the faulty investigative procedures or legal procedures of the criminal investigative and judicial branches of various levels of government (Kahaner, 1988; Sinason, 1994; Summit, 1987; Tate, 1991; Timarkin, 1993). It certainly is possible that there are other explanations that could explain the similarities between the symptoms of these patients and those of other victims of prolonged coercive control, including explanations that focus on fantasized elaborations of actual family pathology (Lotto, 1994), but such explanations do not apply consistently to all the cases. No one has investigated the possibility that some of these patients may have experienced very early infant or childhood traumatic experiences like premature birth and the use of incubators, surgical experiences, accidents, prolonged illnesses to see if there may be a correlation, experiences that to a young, nonverbal child could feel persecutory, life-threatening, and tortuous.



But for us to believe that satanic, organized, ritual abuse does not occur, someone is going to have to offer us an explanation that is at least as credible as the eyewitness accounts of our adult patients and the child patients of our colleagues. This is not to say that every person who says that they were ritually abused was, or that the country is actually being run by a bunch of satanists. Incompetent therapists do exist, memory is at times fallible, people are at times open to the influence of others, and there are cases in which people would presumably rather believe they were victimized by an anonymous cult rather than by their beloved father, but nonetheless it is impossible to rule out the existence of organized, motivated criminal behavior by a group of adult sadists who require an ever-increasing level of sadistic behaviors in order to have their perverted urges sated. We would much prefer to believe that Jeffrey Dahmer is the only human being sitting around enjoying eating people, but after our exposure of the last several years we are fully aware that human aberration is more common than any of us would like to admit. We would like to forget that the roots of human social experience go back to human sacrifice in virtually all parts of the globe and power has always been gained by killing others (Tierney,1989). Although we do not want to believe in the existence of satanist cults, and despite the fact that we have no evidence other than the walking evidence of our damaged patients, we do find it possible now to believe that they *could* exist. And to properly investigate this phenomenon we have to get it out of the realm of belief and into the realm of possibility while looking for proof.

## THE "FALSE MEMORY SYNDROME" CONTROVERSY

Given the inflammatory nature of the abuse material in general, and the cult material specifically, and given the enormous social implications of any meaningful attempt to correct the situations in which abuse flourishes, it should come as no surprise that a backlash phenomenon would occur, not entirely unlike the "denial of the Holocaust" movement (Lipstadt, 1993).

The False Memory Syndrome Foundation originated in Philadelphia in 1992. It was founded by Dr. Pamela Freyd, a professor at the University of Pennsylvania, who is not clinically trained. Dr.Freyd serves as the executive director of the Foundation. The Foundation was

formed to "aid the victims of what is being called false memory syndrome." The FMSF quickly founded a board of directors upon which sat some prominent clinicians, including Dr. Harold Lief, a psychiatrist who had treated Dr. Freyd and her husband in the early ë80's. Ralph Underwager, another prominent board member of the FMSF resigned last year after giving an interview to a Dutch journal of pedophilia in which he described sex with children as a "responsible choice for the individual" (Fried, 1994). According to a newspaper article, Dr. Freyd "started the foundation because she has had 'personal experience' with a child conjuring up false memories" (Every, 1992). Recently it has been made public that the personal experience referred to by Dr. Freyd is quite personal, since her daughter, a professor of psychology at the University of Oregon, accused her father of having molested her as a child (Freyd, 1993).

The members of this group are predominantly parents and family members who have been accused of abusing—usually sexually abusing—their children. It is of note that the need for such an organization is at least temporally related to lawsuits filed against parents as a result of changes in the statutes of limitation for many states. The annual budget of the foundation now is over $600,000 (Fried, 1994).

The Problem, as stated in the False Memory Syndrome Foundation statement of mission and purpose, is this:

> Increasingly throughout the country, grown children while undergoing "therapeutic" programs have come to believe that they suffer from "repressed memories" of incest and sexual abuse. While some reports of incest and sexual abuse are surely true, these "decade-delayed memories" are too often the result of False Memory Syndrome caused by a disastrous "therapeutic" program. False Memory Syndrome has a devastating effect on the victim and typically produces a continuing dependency on the very program that creates the syndrome. False Memory Syndrome proceeds to destroy the psychological well-being of not only the primary victim but—through false accusations of incest and sexual abuse—of other members of the primary victim's family. (FMS Foundation)

The use of the medical term "syndrome" is interesting since it lends credibility to something that has not yet been shown to exist, for which there have been no clinical trials, no scientifically controlled comparison groups, no research to document or quantify the alleged phenomenon. It is also of interest that the word "false" suggesting an



element of lying and deception, was chosen instead of possibly more accurate words like distorted, layered, complex, confused, or altered (Olio, 1993).

The Foundation appears to be composed of a variety of people with different issues as complaints. Some appear to dislike survivor groups and the self-help movement, leveling rather vicious attacks at books like "The Courage To Heal," a self-help book for incest survivors. Others report on the unreliability of hypnotic or drug-induced recovery of memory, others deny the reality of the possibility of repressed memory claiming there is no such thing, others base their incredulity on the reports of ritual abuse, still others question the epidemiological findings (Loftus, 1992, 1993; Ofshe & Watters, 1993; Olio, 1993). Some of the criticism that is lodged against the field is correct and warranted. But there is a notable lack of substantiation for their claims and a degree of overgeneralization that is definitely "unscientific." Yet they have received a great deal of publicity nationally and internationally for their claims. The Freyd family has been called "the most influentially dysfunctional family in America" (Fried, 1994). Little attention has been paid to the notable fact that there has been an identifiable "false memory syndrome" known for centuries—perpetrators of many crimes are well known to deny charges brought against them. As David Calof has pointed out, "Advocates of false memory often paint a picture of an idyllic family victimized by overzealous or unethical therapists and lying clients. They avoid discussing the possibility of lying, sociopathy, amnesia, dissociation, alcohol blackout, and other "false memories" of the families themselves" (Calof, 1993). Even FMSF board members have admitted privately that they assume that at least some of the members of their organization are guilty as accused (Fried, 1994).

The premise is basically that through a variety of methods—suggestion, hypnosis, drugs—therapists are implanting pseudomemories of abuse into thousands of unwitting patients' heads. Memory is fallible and certain memory research studies are used as support for this claim. The implication is that a great deal of the motivation for all this is greed on the part of therapists, and lawsuits against therapists are encouraged. This "flood" of cases is being created by therapists because it makes them money, not because there are so many people who have been abused. Patients are just trying to blame someone else for their problems that can be explained in other ways. Interestingly, it is never stated what all those other explanations actually are. There is a pre-

sumption that, somehow, accusing your closest relatives of the highest act of betrayal creates a simple solution to one's problems, presumably only for women. Naive and suggestible, hysterical women—there are few complaints related to male victims—are being led falsely astray by greedy or ignorant therapists who use Svengalian methods to dredge up false memories and then direct the patients to terminate all ties with their innocent, but beleaguered parents. Interestingly also is that the focus of attention is on sexual abuse, not physical abuse, neglect, or emotional abuse, despite the fact that many of the presenting symptoms are similar..

It must be kept in mind that there have not yet been any documented, controlled studies that support any of these claims. Scientific terminology is used to describe anecdotal events, studies done on normal people are applied to traumatic situations, most members of the professional board have relatively little clinical experience in dealing with many of the abuse-related syndromes, no other substantial explanation for these syndromes has been offered that positively influences the course of treatment. Nor is there any explanation for how perfectly normal, supposedly healthy human beings could be influenced, sometimes within a session or two, by a perfect stranger, to suddenly and spuriously believe that someone in their family had molested them as a child. This goes against everything we know about attachment behavior. If people are so astonishingly susceptible to suggestion then we would like to know why patients have been so reluctant to respond to our oft-repeated suggestions that they trade in their symptomatic behavior for healthier actions. This simply defies not just clinical experience, but common sense. Go up to a friend, relative, or stranger on the street and say something insulting about a member of their family and they are much more likely to react violently against you then they are to agree with your negative judgment. Children tend to be extremely protective of family members even as adults and although they may say negative things about their parents, they are likely to defend those same parents against the criticism of others.

Let us focus for a minute on the epidemiologic argument that basically alleges that the rates of sexual abuse are grossly overestimated. By now, there have been many studies that support the incidence of child abuse in this country and throughout the world, the best being a study done by sociologist Diana Russell, indicating that one girl in three is sexually abused by age 18 (Russell, 1986). To claim that these numbers are highly controversial is just nonsense. Nothing in science



can be considered to be absolutely "proven," but there is considerable support for the hypothesis that a significant proportion of the female and male population are sexually abused in childhood.

The memory question also must be addressed. Dr. Elizabeth Loftus has been an active member of the FMSF Board. Her area of interest is in the mechanism of memory. She has been able to create false memories in the minds of volunteers (Loftus, 1992). However, neither she nor anyone else have in any way recreated the traumatic situations which characterize our patients' experience. It is clearly injudicious, and scientifically invalid, to generalize from research findings on normal subjects and apply these findings to traumatic memory. There is a growing body of research evidence, based on human and animal data, that the mechanism of memory that is functioning during states of terror and hyperarousal is quite different from that of normal memory encoding (Herman, 1993; Van der Kolk, 1993), so different in fact, that they are not really comparable.

Judith Herman and Mary Harvey have put the memory research problem quite cogently:

> To generalize from these findings [laboratory findings of normal memory and the acquisition of false memory] to the real situation of adult survivors, it is necessary to make four assumptions. 1) The patient is as suggestible as a motivated student volunteer, and trusts her therapist as much as that volunteer trusts a brother or sister [the experimental situation]. 2) The therapist, unassisted by the patient's family, is capable of planting a wholly inaccurate, scripted scenario in the patient's mind. 3) An adult patient who has not been abused would find the idea of sexual abuse by a trusted caretaker or devoted parent as plausible as a moderately upsetting event that might occur even in the happiest childhood, such as being temporarily lost in a store, and finally 4) False memories inspired by therapists are not only theoretically possible, but also probable enough to warrant an especially high degree of skepticism. No evidence supports any one of these assumptions; to string all four of them together violates the rule of parsimony. Such speculations fail to meet minimal standards of serious social research (Herman and Harvey, 1993).

It is also worthy of note that, in all the studies used to discredit patient's memories, what is not recalled, or recalled falsely, are relatively insignificant details of events. People falsely remembered where they

were when the Challenger disaster occurred, but no one falsely remembered that it happened and people died. In fact, more recent evidence on the San Francisco earthquake by the same people who did the Challenger study indicates that "memories of the circumstances surrounding the earthquake for those subjects who actually experienced the earthquake were essentially perfect" (Olio, 1993).

Among the proponents of the "false memory syndrome," there are frequent claims that repressed memory does not exist, although apparently the concept of "normal forgetting" or "motivation driven memory failure" are not so open to question, even among the memory researchers critical of repression, although no one has satisfactorily demonstrated to us the differences between these terms (Olio, 1993; Watters, 1993). Yet, in a study done by Herman and Schatzow in 1987, most of the study group of sexually abused women reported delayed recall after a period of either partial or complete amnesia and 75% of them obtained independent corroborating evidence for the abuse. Another 9% found strongly suggestive but not conclusive evidence. Another 11% did not attempt to find confirmation. Only 6% could not find any supporting evidence (Herman and Schatzow, 1987).

In another recent study, Linda Williams of the Family Violence Research Laboratory at the University of New Hampshire found that of 200 children who had been part of an NIMH study on sexual abuse in the early 1970's, one in three did not remember the experiences that had been documented in their hospital records twenty years before (Herman and Harvey, 1993; Williams, 1992).

The False Memory Syndrome Foundation has raised legitimate concerns, particularly about poorly trained therapists. Adults who have been abused as children often present with a complex array of symptoms that have been unresponsive to other interventions.To the extent that the "false memory" debate encourages the mental health field to be more rigorous in its scientific and ethical methodologies, it serves a highly constructive purpose. To the extent that the debate encourages a resurgence of social denial of abuse and protects the perpetrators, it serves a highly destructive purpose. Although there is no good documentation for the consistent presence of false memory on the part of victims, there is a great deal of documentation for the presence of false memory on the part of perpetrators. The organized and motivated torture of other human beings for political, financial, religious, and idealogical purposes can be found throughout history. If an entire movement can be founded denying the reality of the Holocaust as an "other



side" of history (Lipstadt, 1993), then it is entirely conceivable that large portions of a society can deny the more covert forms of abuse that originate within the family structure. As has been well- documented, there is a long history of denial and false memory on the part of the mental health profession and the society it represents (DeMause, 1990, 1991; Greaves, 1992; Herman, 1992; Masson, 1984; Rush, 1980; Summit, 1987,1988,1989,1992; Van der Kolk, 1990). But, when we are able to stop denying the reality of the cruelty that human beings inflict upon each other, then we are able to look at the role that trauma has played in the creation of many of the world's problems including many psychiatric disorders.

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JEAN M. GOODWIN

# *Credibility Problems in Sadistic Abuse*

This article presents historical examples illustrating the credibility problems that tend to obscure the study of severe and sadistic abuse of children. Definitions of sadistic abuse are reviewed as are data sources that may allow us to begin to map its epidemiology. Possible sources of credibility problems in this type of abuse are outlined. Perpetrators and victims as well as society as witness and judge of these occurrences—all contribute to the credibility problems which may come to be understood eventually as an intrinsic part of the phenomenology of sadistic abuse.

## CREDIBILITY PROBLEMS: SOME EXAMPLES

It is a May night in Milwaukee, Wisconsin in 1991.[1] Two African-American women see an Asian teenager wandering confusedly stark naked bleeding from his buttocks. There is blood all over him. They call for an ambulance. Just as the police arrive, Jeffrey Dahmer comes back with the beer he had gone to buy. He asks the police up to his apartment so he can explain. Things are not as bad as they appear. He shows the policemen identification for the young man who is not a minor after all. Dahmer explains that this is his homosexual lover, drunk again. Muddled, he had wandered out of the apartment. The police leave reassured. Jeffrey Dahmer has always been good at reassuring policemen.

The police don't ask questions about the smell in the apartment (from bodies and body parts saved from Dahmer's other victims). They don't ask for a medical examination for the young man (Dahmer will later confess that he had already drugged this victim, photographed

him, and performed oral sex. But why the blood? We know that some of the victims were sodomized and some were given crude lobotomies on Dahmer's kitchen table. Even post-confession, we, like the policemen that night, remain overly dependent on Dahmer's version of history in part because all that is left of the victim is his skull). The police don't check Dahmer's record to find that he has been on probation, coincidentally enough for sexually abusing the brother of this young man. (Dahmer will subsequently tell us this victim choice was accidental, but we know that some sexual criminals delight in stalking and in punishing victims who tell and we wonder why Dahmer was so ready with that faked identification). The two witnesses call back several times, especially after they notice a newspaper piece about a missing Laotian teenager, but they are told not to worry.

What the Milwaukee police did that night is what all human beings tend to do when confronted with extreme violence. We recoil from what our preconscious perceptions tell us is happening. We reassure ourselves that such things happen only in fantasy. We hope for the best. We don't allow ourselves to ask too many questions. We get irritated when someone reminds us that there may be a problem. We wonder if they are trying to call attention to themselves or sensationalizing or are morally rigid and trying to get someone else in trouble. "Basic Instinct" depicts this cinematically. The policeman who is the main character keeps coming across evidence that his sexually sadistic girlfriend is a murderer, but always he is convinced that he must have misinterpreted. Why would she be so blatant as to write fiction describing precisely the crimes she commits? He is still reassuring himself at the end as she toys with the idea of killing him. Human beings are always hoping for evidence that things are not as bad as we suspect. We are relieved to find anyone willing to tell us that the Holocaust was not really that bad nor Hiroshima.

In the history of child abuse, this phenomenon manifests itself in the tendency for the most severe cases to be the least believed. For example, over the centuries intellectuals periodically devise arguments to exculpate the 15th century French nobleman Gilles de Rais, condemned by the Inquisition for the sexual murders of over 100 latency aged boys.[2] The child skeletons found in his castle are glossed over, as is his detailed confession (torture had been threatened though not applied) as are the affidavits of numerous family members(boys are always disappearing anyway) and the confessions of his accomplices. It is considered anti-intellectual and unfair debating to point out that



some of the would-be exculpators of Gilles de Rais, like Aleister Crowley, who rediscovered and reintroduced medieval black magic at the turn of this century, have their own problems with unexplained deaths and talkative accomplices and complaints from families.[3]

About 400 years after the trial of Gilles de Rais, in the early nineteenth century, the young man Kaspar Hauser wandered tottering into history.[4] When taught to speak properly he was able to tell about being kept alone drugged with opium in a hole since age 2 or 3. Contemporaries, including some of his "therapists" considered him a practiced liar. Others wondered how he could simulate developmental stasis so completely: the inability to recognize his own image in the mirror, the retention of the infantile capacity to fall instantly to sleep whenever a threat appeared, the lack of differentiation between human and non-human objects (Kaspar lectured to a statue about its failure to wash itself and became indignant when a boy hit a tree with a stick and never gave up his passionate love for the toy horses that had lived in the hole with him). Where had all those scars on his flesh come from? And what about his muscle spasms,cold sweats, vomiting and headaches? His abject terror? His apathy? One of his staunchest

supporters, Von Feuerbach, tried to convey this: "Witnesses may lie, documents may be false...Whoever should doubt Kaspar's narration must doubt Kaspar's person."[5] Part of what made Kaspar's story about extreme abuse seem so unbelievable is that there was a credible motivation for it. He was said to have been the legitimate Crown Prince of Baden, kept out of the way so that another branch could take power. This was considered such a wildly romantic story that even Kaspar's ultimate murder by an unknown assassin did not lend it credibility.

## DEFINITIONS OF SADISTIC ABUSE

In the face of this tendency for data about extreme abuse of children to disappear, it has been difficult even to define sadistic abuse and more difficult still to develop constructs about characteristics of abuse, characteristics of abusers and characteristics of victims immediately after the abuse and during the recovery phase.

One obvious source of data are autopsies of murdered children. These tend to show evidence of torture, including genital torture.[6] Experience attending such autopsies was part of the intellectual background that Freud was drawing on when he proposed in his seduction hypothesis that the surviving victims of childhood abuse might have emotional as well as physical scars.[7] It is tempting to hypothesize a

connection between the outbreak of child sexual murders that led the Paris pathologist Tardieu to a modern definition of child abuse in the 1860's and the outbreak of severely disturbed women describing brutal childhood rapes that populated the Salpetriere in the 1880's and led Pierre Janet to a modern definition of dissociative disorders.[8] Tardieu may have been meeting on the autopsy table the non-survivors of that wave of sadistic crime, that survivors later narrated in the Salpetriere to instruct Janet.

Freud chose to present his evidence for the seduction hypothesis at a meeting in Vienna chaired by Krafft-Ebing, in part because Krafft-Ebing was in that day the world's greatest authority on sadism. Krafft-Ebing had defined sadism as follows: "The experience of sexual or pleasurable sensations...produced by acts of cruelty, as bodily punishment inflicted on one's own body or witnessed in others, be they animals or human beings. It may also consist of innate desires to humiliate, hurt, wound or even destroy others..."[9] Krafft-Ebing obtained his data about sadism from law enforcement accounts and interviews with apprehended perpetrators of sadistic crimes. He named the syndrome after the Marquis de Sade, a famous eighteenth century libertine, sexual criminal and pornographer. De Sade was part of the sexual revolution that accompanied the political and social upheavals of early nineteenth century France, sexual and social upheavals that one is tempted again to connect to the pathologies later described by Tardieu and Janet. Freud must have hoped that Krafft-Ebing would believe that some of the surviving victims of sadistic criminals might have symptoms perhaps including the perpetuation of acts of cruelty and humiliation on their own bodies and minds. In this hope Freud was mistaken. "A scientific fairy tale" was Kraft-Ebing's judgment of Freud's meticulous description of his 18 patients who had described sexual abuse in childhood and who now came to him for treatment of genital pain and numbness, eating disorders, choking and vomiting, urinary disturbances and a host of other somatic complaints, as well as anxiety attacks, obsessive self-reproaches and sexual inhibitions. "A scientific fairy tale," said Krafft-Ebing, and the rest, as they say is history. April 21, 1996 will mark the centenary of that presentation, and we are still fighting the same credibility battles.[10]

Despite his abandonment of the seduction hypothesis, Freud maintained an interest in sadists and their victims. Fenichel[11] summarizes some of the Freudian elaborations on the definitions of sadism. "If a person is able to do to others what he fears may be done to him, he



no longer has to be afraid." And "The sadistic act not only means 'I kill to avoid being killed' but also 'I punish to avoid being punished' or 'I enforce forgiveness by violence.'[11]"

More recent definitions of sadism have focussed on behaviors more than on intrapsychic contents. The Diagnostic and Statistical Manual lists the relevant acts, as follows; "activities that indicate the dominance of the person over his victim (e.g., forcing the victim to crawl, or keeping the victim in a cage), restraint,blindfolding, paddling, spanking, whipping, pinching, beating, burning, electrical shocks, rape, cutting or stabbing, strangulation, torture, mutilation, or killing."[12] Six months of active participation in or fantasy about such acts are required to make the diagnosis, but the manual emphasizes that non-sadists also perform sadistic acts.

Similar encyclopedic behavioral lists go all the way back to de Sade. In The *120 Days of Sodom*[13] de Sade describes four libertines who rent a remote castle for four months. They assemble in it a carefully selected cast of victims: 8 little boys, 8 little girls, the 4 wives (or mistresses) of the libertines (each has sexually abused a daughter to teach her to be "wife" for one of the others), 16 teenage boys called "fuckers," and 4 procuresses who act as storytellers during nightly orgies that involve consumption of large quantities of alcohol.

The victims are intricately controlled and regulated, including their defecation and urination, which must be reserved for the sexual uses of the libertines. Costumes are designed for the children, who must also go to school with one of the prostitutes to learn how most gratifyingly to masturbate their masters. A detailed calendar of escalation is designed with dates set for the defloration of each one of the children's orifices. The storytelling by the procuresses is arranged to keep pace with this sexual timetable. For the first month, the stories are to detail the "simple passions"; the "complex passions" are to occupy the second month, then "the criminal passions" and finally "the murderous passions." During the telling of these last stories, almost all of the victims are killed, beginning with the wives.

What passions are detailed in story and deed? To mention a few: locking in cages, threatening with death, burying in coffins, holding under water, threatening with weapons, drugging and bleeding, tying upside down and burning, wearing of robes and costumes, staging of mock marriages, defecating and urinating on victims, killing of animals, having victims witness torture, having them witness homicides, pouring or drinking of blood, and taking victims to churches and

cemeteries. I mention these acts in particular among the 600 sadistic practices described in de Sade's book, because these are 15 of the 16 types of allegations found characteristically in children and adult psychiatric patients complaining of "ritual abuse" in the 1980s and 1990s.[14] The only one missing from de Sade's 1789 inventory is photography (not yet invented); its place is taken by use of peepholes and use of stages at the orgies, where each libertine could be seen to perform with his entourage of victims.

In addition to cataloguing sadistic behaviors, presentday students of sadism have drawn attention to the sadist's need for absolute domination and control of the victim. As one sadistic serial killer put it: "The pleasure in the complete domination over another person is the very essence of the sadistic drive."[15] Another said: "All this had been acted out for years and in particular, it always involved stripping the victim, forcing them to strip themselves, cutting them, making them believe that they were going to be set free if they cooperated, tying them down and then the real viciousness started. The victim's terror and the fact I could cause it to rise at will...All this was proof to me that I'm in control. I am playing the star role here, this person is nothing but a prop. I'm growing and they're becoming smaller."[16]

## COMPILING DATA TOWARD AN EPIDEMIOLOGY OF SADISTIC ABUSE

Reviewing the data from the autopsies of murdered children and the self-descriptions of de Sade and other criminal sadists, several settings emerge in which the sadistic abuse of children might occur: 1) extreme family violence 2) sadistic criminal acts involving children 3) uses of children in sexual sadism as in sex rings, prostitution, and pornography 4) victimization of children in political or other institutional torture and 5) the sadistic abuse of children in cult or other pseudo-philosophic and pseudoreligious contexts. De Sade himself overlapped all five contexts; he seduced his young sister-in-law and involved his wife in his orgies; he spent most of his adulthood imprisoned for sadistic crimes; he was involved both in pornography and prostitution—he continued to pay mothers to bring him their daughters to use sexually even when imprisoned; he had a brief but unsuccessful career in political violence during the French Revolution but was dismissed as a judge because he refused to condemn anyone to the guillotine on grounds that this did not sexually excite him and that sexual pleasure was the only valid motive for human action; also de Sade was a



philosopher and had developed a complex set of rationalizations for his sadism which included the radical libertinism already described allied to an equally radical elitism which held that only the naively inferior could be victimized and since this would happen inevitably, it was futile for a particular libertine to refrain. I should note that de Sade, too, like his hero Gilles de Rais, is periodically rehabilitated by intellectuals who depict him as a champion of free speech whose crimes would not have been crimes in a less repressive society. These arguments tend to omit the human bones found buried in his castle garden and the fact that this castle was torn down brick by brick like the Bastille, by de Sade's neighbors.[17]

How can we collect data about these severe abuses? Severe family violence would include cases where one family member has murdered another, cases involving broken bones or other chronic or permanent injury such as brain injury, cases involving sadistic behaviors as locking up or biting or burning or physical abuse occurring routinely as part of sexual abuse or sexual abuse situations involving multiple victims and/or multiple perpetrators. Other markers would be overcontrol, terrorization, induction into violence and malevolent emotional abuse. We know such cases have been in the protective services caseloads ( and the juvenile crime caseloads) since the beginning.[18]

What about sadistic crime? Most of the severe nursery school and community cases from the 1980's involved sadistic sex rings, pornography and sometimes child prostitution. We know from self-reports by incarcerated sadistic criminals that 25 to 43 per cent admit to having victimized children; of those who have their own children, 60 per cent say they have victimized them.[19] The Federal Bureau of Investigation, widely criticized as being over-conservative in its estimates, calculates that serial killers victimize 4,000 to 5,000 people in the United States each year.

If we estimate that serial killers, that minority extremist fringe of incarcerated sadists, represent perhaps 1 in 100 or 1 in 1,000 of sadistic practitioners, then those victims who have talked to therapists or law enforcement thus far represent the tip of an iceberg.

It would be remarkable if such criminals spared the populations of pre-school children and the mentally retarded who are often judged incompetent to testify and so cannot endanger their abusers even if they find a way to complain. An example is the village of Oude Pekela in the Netherlands.[20] In May of 1987 a small boy was taken to his family doctor with anal bleeding. Over the next 18 months about half of

the children aged 4 to 11 in that physician practice panel made clear complaints about having been sexually victimized by costumed adults who would invite them to abandoned buildings and do sexual things which included urinating and defecating on the children, threatening them, and many other behaviors described in de Sade's pornography. There was also photography. All children with abuse complaints had behavioral symptoms at least transiently and about 80 per cent had physical or physiological disturbances. Yet the problem was judged by law enforcement and public opinion to have been mass hysteria. Those elements of the children's descriptions which, to a knower of sadism, are its very hallmarks, were precisely the elements that investigators and the press judged incredible: multiple abusers and multiple victims, multiple and extreme acts, detailed planning and attention to detail. These circumstances seem to map a remarkably risk-free strategy for the practice of sadistic acts.

Oude Pekela was one of the many cases in which ritual elements were part of the children's descriptions. This, too, would be expected by a close reader of de Sade; his own arrests included charges of taking a prostitute to his private chapel and forcing her to drink his semen from a chalice. However, the emergence of such material in an investigation of sadistic crimes against very young children is often the death knell for law enforcement involvement. In many ways it is unfortunate that this element became so prominent in many of the early investigations that the phenomenon was named "ritual abuse" rather than severe or sadistic abuse. This led to the misconception that this was some sort of new phenomenon, that religious rather than sexual, monetary or power motivations were central to it, that its roots could be found in the history of religion rather than in the history of crime, and that to perceive or study the phenomenon constituted some sort of fundamentalist witchhunting.

A fantasy which perhaps affected all parties, as this terminology evolved, including the victimized children, their families, and their therapists, was that perhaps only a single tiny satanic cult was engaged in this set of violent behaviors and that once this small cadre were stopped, we would all be safe forever.

This fantasy allowed us to ignore the reality which Alice Miller has tried so patiently to explain. Most institutions, both pedagogical and religious, in our society are licensed to some degree to punish and humiliate children in ways that are not terribly necessary or practical and that would never be tolerated if adults were subjected to it. Alice



Miller[21] describes a St. Nicholas' Day celebration in Switzerland in which the children are terrorized by costumed strangers who recount the child's most humiliating moments of the past year and threaten them with the loss of presents and esteem. This is supposed by the parents to be a treat for the children.

This background of tolerated normalized institutional victimization of children perhaps explains why it has taken us so long to collect data about the more severe institutional abuses including political torture and cult abuse of children. Anna Freud's and Rene Spitz's pioneering work on child victims of World War II stood almost alone for decades.[22] I routinely ask my patients if they have ever experienced a religious practice or ceremony in childhood that they thought was frightening. "Catholicism" is the most frequent response. What patients go on to describe is only rarely the sexual abuse that draws newspaper coverage. More typically they complain of having knuckles rapped and ears twisted and bare-bottomed paddlings by nuns, physical and emotional abuses which are probably no more prevalent in Catholic than in public and other private schools but which are more confusing given the religious context. It may be our need to project outward to someone else this normative institutional torment of children that helped create the hopeful fantasy that sadistic abuses are practiced only by satanists.

In practice the sadistic abuse of children usually overlaps many contexts. I have been following a family survivalist cult for almost 15 years.[23] This family live in a series of bomb shelters in parks and public lands in the west which they stockpile with funds won from crimes which the father plans and his women carry out. I met them when the parents were first apprehended and jailed; the mother's defense attorney asked me to assess whether she suffered from battered woman's syndrome. At that time her daughters were still at large, but I have since met them, too. Most of my data, however comes from the father who is very talkative and psychologically minded (the women often sit silently weeping through my interviews). The father likes me though and often requests me when they are in legal trouble and a psychiatric evaluation is called for. He says that someday perhaps I will join the family and become one of his wives. The father has a criminal record that goes back to grade school and includes prior accusations of child sexual abuse. After he came back from Viet Nam in the early 1970's he became heavily involved with multiple drug use and was intermittently psychotic. He was proselytized by a missionary and de-

veloped the idea that he was the Messiah and that only his family would survive the coming catastrophe. He explained to his common-law wife that this meant he would have to marry her daughters. She objected at first, and he found that obedience among the women often had to be enforced by beating them with a board until they became unconscious or by biting their breasts until they bled. After several years of this, he found they protested less vocally about the family group sex. There are now a half dozen children in the next generation all of whom have been removed for extreme child abuse. Recently a prosecutor balked at my notion that these women might be battered. After all, they all participate in rifle practice daily, he reasoned. No woman who can handle a gun need feel intimidated. A dentist was called in to match the scars on their breasts with the father's teeth. Multiple law enforcement contacts and incarceration of the father have not freed either the child or adult victims from their sense of total enslavement. While the law enforcement interventions have been mandatory and publicly funded, psychotherapy resources for the victims are almost non-existent. In contrast to the stereotype that victimization histories are implanted by therapists, these women have not been afforded the opportunity even to be listened to.

## CREDIBILITY PROBLEMS: SOURCES IN SADISTIC PERPETRATORS, THEIR VICTIMS AND SOCIETY AS WITNESS AND JUDGE

Whereas child abuse is almost never admitted, severe child abuse even when admitted is almost never believed. When one examines the defenses in these cases, they are so seamless that one again questions whether such a phenomenon exists at all. Such things never happen to children, we are told. If they did the child could not perceive or remember. If the child does complain this must have been implanted by police, a physician or a therapist. If a parent is concerned he or she must have Munchausen's by Proxy syndrome and be simulating disease in the child and the child must be removed. If there are physical signs they probably came from something else—congenital problems, sexual play. If there are emotional signs they probably came from something else too like the stress of this unjust investigation. If there is another victim or victims he or she or they must have been brainwashed as well and must be incompetent to testify. If there is venereal disease or pregnancy, someone else did it and it is evidence of the child's general promiscuity and viciousness. If there is physical evi-



dence like the accused person's sexual journal or pornography, such things reflect mere fantasies. Or maybe the material was planted. If the accused person has confessed, this is because he was bullied or hypnotized. If there are prior arrests, these are inadmissible and irrelevant. While it is true that all adversary defenses partake of some of this quality, what is remarkable in severe child abuse is that the public seems to accept such arguments, mutually illogical as they are.

Why are these stories so believable? The psychoanalysts would remind us that the sadist is motivated by fear. Nothing that the sadist does to us in the form of pre-emptive strikes ever equals what he fears we will do to him. The fear absolves him of guilt. One can understand why the sadist becomes so irate at these others he perceives as pretending to be victims; in his world he is the only true victim. Insofar as we can empathize with the sadist's fears—of damage, calumny, death, unforgiven exile— we find ourselves rooting for him, hoping he does succeed in outwitting the monsters who are pursuing him.

In addition, on a more realistic plane, sadists, like pedophiles, find themselves addicted to sexual practices that are illegal. They need to avoid detection not only, like the rest of us, to stay out of trouble and jail, but also to continue to have a sexual life. In a study of incarcerated sadistic criminals, 20 of 30 (67%) admitted concealing or destroying bodies of victims (only 22 had killed). Of 187 known victims, 28% of the bodies were so destroyed by decomposition, fire or burial as to preclude identification.[24]

Beyond these motives, successful lying in itself provides sadistic pleasure. Some studies indicate that it is the victim's facial expression of pain that provides the most intense sexual pleasure for the sadist. To completely confuse the victim, to make him doubt his own perceptions and memories creates emotional pain and also contributes to the illusion of absolute control and domination that the sadist needs to defeat his fears.

The believability of sadists may also reflect an enhanced capacity to believe their own narratives. One wonders watching Dahmer's confessions whether the Dahmer who confesses is the same Dahmer who tortures and kills. It is as if once these impulses are enacted they no longer have to be struggled with and integrated into the moral structures of the personality; the acts simply have to be manipulated and concealed into a separate compartment. This has been described in different ways: as the "mask of sanity" in some sadistic killers and as "doubling" in some of the Nazi doctors studied by Lifton who were

able to keep their lives as torturers separate from their lives as exemplary family men and community members (the film "The Music Box" describes this). Dietz and co-workers found that 30 per cent of sadistic criminals have impeccable reputations as solid citizens.[25] Those of us who work in child protection know about the "Leave it to Beaver" sign or the "Walden mountain" sign. Families that need to describe themselves in such an idealized way are often counterbalancing terrible secrets.[26] Only normal families can afford to have arguments and messes and mistakes.

When the victims of sadists tell their stories, they sound much less convincing. If the victim was successfully terrorized in the incident, fear and dissociation will have fragmented the experience, divorcing action from emotion from thought from body sensation. Memory gaps and memory distortions will be present in most cases. When memory is intact it may be narrated without emotion or with inappropriate emotion or from a point of view on the ceiling where consciousness has fled to escape the pain in the body. At times memory survives only as compulsively repeated dissociated action or body sensation or panic.[27] If the victim is compulsively repeating the substance use or the rape or the being beaten that was part of the sadistic incident, this will not be understood as a communication but as evidence of the victim's unreliability as a witness and of other possible sources for symptoms.

If the victim was in self-protective self-hypnosis at the time of the attack, there may be other problems in addition to the memory fragmentation, loss and distortion. In trance one loses the critical faculty and becomes highly suggestible. The attacker's lies and distortions are not questioned and may remain unquestioned for years. In addition, because of the hyperalert survival-focussed concentration on the attacker, the victim may also absorb unconscious elements, the sadist's fantasies and wishes and fears, how he or she secretly sees himself. The frequent failure of victims to report these attacks reflects all of the above: memory problems and reality distortions, uncritical acceptance of the attacker's threats and rationalizations, and absorption through suggestibility and emergency identificatory mechanisms of the attacker's own grandiose and persecutory fantasies. Shared paranoid fantasies can evolve in this setting such that attacker and/or victim believe the other can read his or her mind.

Perhaps inevitably we are left with a peculiar record of the sadistic act. The sadist's concentration is focussed on the pain being felt by the victim. The victim's attention is focussed on the sadist or on escape into



fantasy. Although the presence of a disinterested witness is a theoretical possibility, in fact, witnesses usually sort into those who consider themselves as potential future victims and those who consider themselves as potential coerced accomplices. Even for witnesses multiple primitive defenses come into play—denial, enactment, reaction formation, dissociation, repression—and distortions are inevitable. One wonders if the detailed records kept in concentration camps were a pathetic acknowledgement of the inevitable lapses in the record of these acts.

Society, when it judges these accounts in retrospect, makes its own contributions to the credibility problems. I have already emphasized our need to believe that the world is a safe place and that we are safe within it. Statistics tell us that 15 percent of child abuse cases will be severe, more than one standard deviation more severe than the modal case. We balk at this idea however and prefer to believe that these most deviant cases are errors of some kind and thus can be erased. Without such belief in the basic goodness and sanity of life, certain levels of civility, stability and civilization become impossible. Those readers who are still following this discussion may even now be wondering if this has been a worthwhile way to spend your time on earth. However, this intersection between the problem of evil and the problem of why children suffer continues to occupy an intellectual niche which has attracted minds like Tolstoy, Dickens, Chekhov and Camus. However seriously we look at this place though, it remains difficult and stirs up impulses toward flight and avoidance.

Society's general tendency to avoid discussion of sadistic crime probably has many benefits. Both Krafft-Ebing and modern students of sadism complain that sadists use scientific articles and texts as pornography and as handbooks of crime. There is evidence, too, that narratives of sadistic acts can cause exacerbations of post-traumatic symptoms in victims and perhaps in others.

There may be other self-protective elements. In our society, sadistic deeds are largely technologized, sanitized, professionalized, removed from view. Krafft-Ebing believed that sadism was intrinsic in every human being and was the source not only of our capacity to perform medical amputations and political executions but also of our capacity to declare war and make "killings" on the stock market and to saw down rain forests. Such a view has radical implications. The film "The Unforgiven" illustrates how potentially radicalizing it can be when we allow a cold-blooded killer into our world view. The Clint Eastwood character is good at killing and it gives him such pleasure that he must

handle it like an addiction.[28] But as we watch we realize that the sheriff is a cold-blooded killer too and we decide we like Clint Eastwood better because he does not extort our forgiveness or so systematically prey on the weak.

It is perhaps unfortunate that the professionals we most rely on to inform us about sadistic acts—law enforcement and medicine—are at the same time those delegated to perform the behaviors characteristic of sadists but in a sublimated way with pro-social rather than sadistic motives. Thus, doctors are allowed to lock up, tie up, drug, cut and so forth. We are taught special names for these acts and may be so defended against the idea that such things could be done abusively that we minimize that possibility.

It can be frightening to realize what a thin line separates us from the sadistic perpetrator, how remarkably like ourselves we find him. I think of my conversations with the father in the survivalist family described above. At times it has been like two colleagues chatting. I asked if he had ever used hypnosis. Yes, he said, it was very helpful with the crimes, to keep the women from getting anxious. That was when they got caught, when they became anxious. The trouble with hypnosis, he said, is that it is not very powerful. Do you know that guy Pavlov, though? he asked. I admitted an acquaintance. That's powerful, he told me. Punishment and reward, he said. It works every time.

We are both persistent problem-solvers and avid students of the human mind. What separates us are absolutes in the lost language of good and evil, no longer a fashionable area for discussion in these times when only the statistically significant is thought significant.

The need to differentiate ourselves from the sadist is the source of many misconceptions and myths. We would like to believe that sadists look crazed, different from us in some palpable surface dimension. Actually the best data, Harrower's psychological testing of Nazi war criminals, suggests that the psychological profile for a sadistic perpetrator is normal.[29]

Another source of societal confusion about sadism is our time in history. Like those nineteenth century French pioneers, Tardieu and Janet, we are living in the wake of a sexual and social revolution whose implications we are still trying to map and integrate. One can walk into a sex shop and purchase handcuffs, whips, devices to pierce the clitoris, penis or nipple. Some of the customers are survivors of sadistic abuse who must play consensually with such toys to allay old fears.[30] However, the narratives sold next door in the pornography shop do



not sound terribly consensual, and I worry that some of these devices will be used on children. No doubt this will all level out in a hundred years. I remember in the 1970's teaching medical students about "swinging" and all the other wild, wacky wonderful lifestyle options opened up by the sexual revolution. In those days we never asked about the children at all.

## CONCLUSIONS

The sadistic abuse of children is a phenomenon that sadistic perpetrators are multiply motivated to conceal and that their victims are uniquely incapacitated to describe convincingly. Its exploration opens many difficult issues for society: the "normal sadism" that is tolerated in much of our treatment of children, the ubiquity of sadistic aims and acts throughout our institutions, and the qualities of our present historical moment that limit our approaches to these problems. Further definition of the phenomenology of sadistic abuse of children will require the collection and examination, despite the credibility problems, of many types of data, including data about the credibility issues themselves.

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19. These numbers are drawn from interviews of 30 incarcerated offenders by Dietz and co-workers cited in note 15. The lower figure for the percentage of sadists with child victims is drawn from Hickey's book cited in reference 16. Hickey used a variety of search techniques to find 34 women and 169 men in the United States between 1795 and 1988 who had been identified as having killed at least 3 victims. Obviously not all could be interviewed. For annual incidence see Wade Meyers, L. Reccoppa, K. Burton et al, "Malignant sex and aggression: An overview of serial sexual homicide," *Bulletin of the American Academy of Psychiatry and the Law*, 21:435-451, 1993.
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25. See footnotes 15,19 and 24 for a review of the Dietz reference. For "The Mask of Normalcy": Joel Norris, *Serial Killers*, Doubleday, 1988. For "Doubling": R.J. Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide*, Basic Books, 1986.
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29. M. Harrower, "Rorschach record of the Nazi war criminals: An experimental study after 30 years," *Journal of Personality Assessment*, 40:341-351, 1976.
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**ROBERT McFARLAND**

# *The Children of God*

On October 31, 1993, River Phoenix, a popular young movie star, died of heroin and cocaine use on the streets of Los Angels. Not only were his fans surprised at his use of drugs—he had a reputation as a vegetarian and ecologist—but they were even more startled when they learned from the *People* magazine article on his death that he had "lost his virginity" when he was four years old.[1] What *People* didn't elaborate on, however, was that his parents belonged to a cult called The Children of God since he was a baby, and that this cult openly believed in using children for sexual purposes.

The Children of God began in the Sixties when David Berg, a minister in the Christian and Missionary Alliance, started a group called Teens for Christ.[2] The group was like other Jesus People groups in its communal life style, but far more ascetic and apocalyptic, emphasizing the cutting of family ties, discipline and commitment to cult beliefs., which included total devotion to cult activities on the part of children of members.[3] The group moved from California to various other locations in 1968, and Berg took the name of Moses David, proclaiming a new sexual ethic that included group love-making sessions. The group's activities proliferated to such a point that, by 1974, the Attorney General of New York issued a report after 18 months of investigation at request of Governor Nelson Rockefeller that alleged that they were engaged in kidnapping, imprisonment, virtual enslavement, prostitution, polygamy, rape and sexual abuse of children, and incest.[4] They recruited new members by using female members as "bait"—essentially religious prostitution—the women so deeply believing in Berg's teachings that God wanted them to serve sexually for Him that

they agreed to become "hookers for Jesus."[5] Berg himself published a book, *My Little Fish*, that members used as "a blueprint requiring adults to introduce their children to sexual experiences," according to the group's historian, David Van Zandt, who lived with the group in order to conduct sociological research. "During the early 1980s there was experimentation with small child sex including incest."[6]

By 1981, the group, known as The Family or The Family of Love, had grown into a movement claiming over 2,000 homes in 76 countries. Although they were skillful at public relations (they sang Christmas carols for Barbara Bush at the White House in 1992), everywhere they went legal problems arose from their sexual beliefs.[7] A police raid in Australia in May 1992 placed 40 children in protective custody because of abuse; a month later, French police raided 12 group houses near Lyons, putting 40 children into custody; later a similar raid in Barcelona, Spain placed 22 children in protective custody.[8] The most recent arrest was in Buenos Aires, Argentina, where 180 police raided a Family home and found 268 underfed and poorly clothed children along with literature promoting sex between adults and children and videotapes showing parents having sex with their children.[9] The judge said the raid was based on "very strong...evidence of abuse of children [who lived] in the virtual state of servitude" plus sworn testimony of ex-members that children were separated from their parents and were encouraged to engage in sex with adults.

I recently spoke to an ex-member who was in the process of writing a book on the physical and sexual abuse of children in The Family. Mary Jones (a pseudonym) described how children were taught from birth that God wanted them to allow parents and other adults to use them sexually. "Parents were instructed how to sexually abuse their children and it was required," she told me. Gang-rape, incest and sodomy were quite common, she said, and children were sent to certain homes as "schools" where they were sexually abused. Children were also locked in isolation and horrendous punishments were inflicted upon them. If anyone refused to have sex, she said, they were caged, with no water and no toilet facilities, until they changed their mind. According to Jones, Berg preached that infants should be initiated into sex right after birth, so most children thought this was part of growing up. The result, she said, was that they constantly acted out sexually; the children that were rescued from the group in Spain, for instance, soon had to be isolated in a separate school because they kept on trying to initiate sexual intercourse with other children and adults



in the regular school into which they were first put.

It is difficult to understand why critics of those who claim cult abuse of children is real do not bother to look at the extensive court and other evidence of the myriad cults that have been proven to exist and to abuse children. Excellent summaries on these groups can be found in such periodicals as *Cultic Studies Journal*, *Family Violence & Sexual Assault Belletin*, and the publications and conferences of such groups as Believe the Children (PO Box 268462, Chicago, IL 60626.) Repeating the myth that "there is no real evidence" for cult abuse of children other than tainted reports of hypnotized patients is similar to those who deny the reports of Holocaust victims. Evidence abounds in such books as Larry Kahaner's *Cults That Kill,* and in the many conferences and publications of such groups as Believe the Children, International Cult Education Program and the Cult Awareness Network. It is our own disbelief of that evidence that is questionable.

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8. *The New York Times* , September 3, 1993, p. A23.
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CHARLES W. SOCARIDES

# Comment on Special Issue "Cult Abuse of Children"

Lloyd deMause's name has become synonymous with the relentless pursuit of the history of childrearing practices throughout the centuries. His work has come to epitomize, for many of us in the behavioral sciences, a dedicated humanity devoted to the uncovering of patterns of indifference and cruelty visited upon children through the millennia. He has pointed courageously and unremittingly to areas of progress as well as decline in the care of the young and helpless, from infancy to adolescence. In revealing the truth, he is attempting to improve man's behavior toward his most cherished treasure—the care of the young.

This issue of the journal, entitled "Cult Abuse of Children: Witch Hunt or Reality?", composed of articles by responsible observers, clinicians and researchers and edited by deMause, is in that tradition. Many of these papers are shocking, made more so by the scientific language in which they are couched. We feel outraged at the facts described, and yet, they appear, to me, believable and not easily dismissed. For I remain convinced, from my own scientific clinical work, of Frued's view that human sexuality is indeed most precariously balanced, creating severe predicaments for individuals afflicted with deep sexual conflicts in which the primacy of the sexual instinct or drive overrides the reality principle in human erotism.

The activities of sexual sadism and violence described in this issue are those of group sexual perversion in which the sexual instinct has been used with destructive aggression. These individuals as well as their victims cry out for our concern, as well as careful study by all the humanistic sciences. We owe to Lloyd deMause a scientific debt of gratitude.

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IRA BRENNER

# A Twentieth-Century Demonologic Neurosis?

This Journal of Psychohistory is very important because it puts the issue of satanic ritual abuse (SRA) into context. Context is a fundamental principle in archaeology in that those artifacts which are discovered are best understood if they are studied in relation to nearby findings and to the level in which they are found. If disturbed or removed prematurely, an artifact may lose its importance or be subject to misinterpretation. Such is the case with satanic ritual abuse. The exceedingly complex nature of all the factors involved require an appreciation of history, mythology, anthropology, theology, sociology, psychology, law, and forensic pathology. After all, what are we being asked to consider is the secret persistence of a pagan religion, one known since Biblical times, which is dedicated to incest, torture, murder, cannibalism, and burnt offerings to its deity.

According to Bergmann (199Z), who has done extensive research on the subject of child sacrifice, the founding of the Judeo-Christian religions was intended to prohibit and end such practices. As a result, he concludes that these primitive rites were abandoned long ago. Indeed, the legal and forensic evidence, at least as reviewed by Dr. Lotto in this issue, fails to reveal any conclusive proof that satanism exists. Furthermore, the sociologic data suggest that "Satanic Panic" (Victor, 1993) is merely the contemporary version of a perennial legend that accuses a minority group of perpetrating atrocities against children (Noll, 1992).

Today's alleged survivors of such unspeakable crimes appear to comprise an ever growing segment of the mental health patient population, resulting in an understandably cynical backlash against this

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'growth industry." Charges ranging from overzealous rescue fantasies to frank abuse and exploitation by therapists have further damaged the credibility of these helpers. In this era of health care reform and outcome studies, it is difficult enough just to prove the efficacy of psychotherapy. It therefore seems utterly ludicrous to expect that contemporary mental health professionals could convincingly prove something that has "bedeviled" mankind for more than three thousand years! Nevertheless, cases like that of Rene, described by the Irelands, and Summit's report on the McMartins investigation, should give one pause to wonder.

However, the contagious nature of group hysteria generated by fears of "the cult" is definitely real and was graphically illustrated by an incident related to me by a colleague in a semi-rural area. A patient with a dissociative disorder and a history of alleged satanic ritual abuse had suddenly killed herself after apparently doing well as an outpatient for a period of time. Those who knew her were surprised that she would have committed suicide then. On the day she died, the psychiatric unit received laboratory reports belonging to a former patient. What was striking to the staff was that this former patient also had a dissociative disorder, a history of alleged satanic ritual abuse and had died of suicide several years before, when she too appeared to be making progress.

The arrival of this laboratory data was mysterious enough, but the fact that it did not come through the usual mail, and that no one saw who delivered it made some of the staff suspicious that it was a signal. Then, it was discovered that such outdated laboratory reports should have been erased from the system long before, that only a few people should have had access to the computers, and that the address on the envelope was handwritten in such a peculiar fashion that those numbers which had "satanic" significance looked quite bizarre. By now, those who had been anxious and suspicious started to feel frankly paranoid, fearing that "the cult" had infiltrated the hospital computers. The other staff who initially shrugged off the reports, also became anxious and disturbed. They all felt vulnerable, unsafe, and overwhelmed. Some even reported nightmares.

At this point, my colleague went to the hospital administrator, although she felt somewhat embarrassed. To her relief, and later to add to her own anxiety, the story was taken very seriously. This reaction was quite reassuring to the staff, who were beginning to doubt their own sanity. It took several weeks of uneasiness until the investigation was completed, which determined that the event was totally benign. It



occurred because the laboratory had planned weeks in advance to purge its computer of random old data. Because it was a new process, the assistants did not know what to do with the reports, so they were distributed throughout the hospital and to the doctors' offices where the lab orders had originated.

In all, over one hundred reports were sent out, but only one report went to the psychiatric unit. This coincidence fueled the staff's anxiety and guilt which apparently was quite high, following the patient's suicide. What is important about this incident is that it demonstrates how a random occurrence sparked a hysterical reaction in a group of intelligent, reasonable, and educated people. They were predisposed to satanic fears because of the stress of the recent patient suicide. One can easily extrapolate these findings to predict what could happen in a larger, less sophisticated population, where the evidence is less clear.

Now, having presented the rational, skeptical side of this argument, what about the other side? Can we be truly sure that organized, intergenerational traditions of criminally perverse acts, which violate the basic taboos and traumatize those involved, does not exist? The unreliability of memory notwithstanding, allegations of satanic ritual abuse are a puzzling phenomenon which seem to be multiply determined. One of the possibilities to be considered, as unbelievable as it seems in this last decade of the twentieth century, is that perhaps there really are some very clever people who pray for power to the forces of darkness and destruction.

As we marvel at technological advances such as nuclear power. space travel, microsurgery, and the information superhighway, it is important to realize that the field of psychiatry and psychotherapy, especially the professionally guided healing of massive psychic trauma, is still in its infancy. The meagerness of our knowledge is especially evident in the area of the dissociative aisorders, which are so highly correlated with a history of trauma (Brenner, 1994). What is known, though, is that it is necessary for the therapist to maintain that elusive blend of compassionate empathy, openmindedness, clear boundaries, and the rigorous objectivity of a scientist, when dealing with cases of alleged satanic ritual abuse. But, the true nature of what is traumatizing these individuals may not be known until well into the next millennium, if Preud's (1922) study of the psychodynamics of demonic possession is any indicator. After all, it took almost two hundred and fifty years until someone scientifically examined the case of a man who was convinced he made a pact with the devil, way back in 1677...

Bergmann, M. (199Z). *In the Shadow of Moloch—The Sacrifice of Children and Its Impact on Western Religions.* New York: Columbia Univ. Press.

Brenner I. (1994). The dissociative character—a reconsideration of 'multiple personality.' J. American Psychoannal. Assn. (in press).

Freud, S. (1922). A seventeenth century demonologic neurosis. S.E. 19.

Noll, R. (1992). *Vampires, Werewolves, and Demons—20th Century Reports in the Psychiatric Literature.* N.Y.: Brunner/Mazel, Inc.

Victor, J. (1993). *Satanic Panic—The Creation of a Contemporary Legend.* Peru, IL: Open Court Publishing Co.

LLOYD DEMAUSE

# *Why Cults Terrorize and Kill Children*

The process of putting together this issue on the cult abuse of children has been one of the most frustrating—and most enlightening—of any I have edited in the past 22 years.

I began by wondering if the reports of cult abuse were true, influenced, as all of us have been, by the deluge of books and articles in the past few years calling them fictions or even implanted memories. That psychotherapists have been reporting an upsurge in memories of cult abuse from all over the country is clear. Monarch Resources, an abuse hotline in California, says it gets 2,500 ritual abuse inquiries a year; another in Maine, Looking Up, gets 6,000 a year; Child Help, a national hotline, got 1,741 cult victim calls last year; similar figures are available from many sections of the country.[1] Extending these local figures to a national estimate would easily mean tens of thousands of cult victims per year reporting, plus undoubtedly more who do not report.[2] This needn't mean, of course, that actual cult abuse is increasing, only that—as with the increase in all child abuse reports—we have become more open to hearing them. But it seemed unlikely that the surge of cult memories could all be *made up* by patients or *implanted* by therapists. Therapists are a timid group at best, and the notion that they suddenly begin implanting false memories in tens of thousands of their clients for no apparent reason strained credulity. Certainly no one has presented a shred of evidence for massive "false memory" implantations.[3]

Once I began to familiarize myself with the literature on the subject, I began to see where the well-orchestrated flood of "witch hunt" accusations was originating: from the molesters themselves. To begin with, the founder of the False Memory Syndrome Foundation had been ac-

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cused of sexual molestation by her daughter, and major contributors and "researchers" affiliated with the group are usually either accused molesters, members of pedophile advocacy groups, or appear in journals such as *Paidika: The Journal of Paedophilia*.[4] As one False Memory Syndrome Foundation Advisory Board member recently told *Paidika*, "Paedophiles can boldly and courageously affirm what they choose. They can say that what they want is to find the best way to love...With boldness they can say, 'I believe this is in fact part of God's will.'"[5]

In addition, some of authors of false memory books also turned out to be pedophile advocates. For example, one of the most widely cited books claiming that cult abuse reports were mass hysteria is Paul and Shirley Eberle's *The Abuse of Innocence: The McMartin Preschool Trial*.[6] Taken quite seriously by reviewers and widely quoted in later magazine articles as authoritative, the book makes such claims as that the over 100 McMartin children who reported they had been abused by a cult were all "brainwashed" and the mothers were all "hysterical" and that it was meaningless that physicians found three-quarters of the children bore physical evidence that corroborated their stories. What reviewers didn't mention was that the Eberles had been called "the most prolific publishers of child pornography in the United States" by Sgt. Toby Tyler, a San Bernadino deputy sheriff who is a nationally recognized expert on child pornography.[7] Their kiddie porn material that I have seen and the articles they have published such as "I Was a Sexpot at Five" and "Little Lolitas" included illustrations of children involved in sodomy and oral copulation and featured pornographic photos of the Eberles.

Even when "authorities" are cited to disprove the existence of any physical evidence of cult abuse, these usually end up referring to one man, Kenneth Lanning of the F.B.I., who says he has "been unable to find one murder of anyone by two or more people following typical satanic ritualistic prescriptions." What is never mentioned is that Lanning has done no investigative work on any cult anywhere and ignores all kinds of convictions for cult abuse that are in police and court records, while others who have actually done ritual abuse investigative work for the F.B.I. are ignored by the press.[8] (Those who wish more detailed information should attend the upcoming conference June 10-12, 1994 on "Ritual Child Abuse: Disclosures in the '80's, Backlash in the '90's" in Arlington Heights, Illinois; write Believe The Children, PO Box 26-8562, Chicago, IL 60626.) The more I dug into the literature, the "curiouser and curiouser" seemed the claims that cults are only witch hunts.



It was not, however, until word began to get around the psychotherapy community that I was editing an issue of my journal on "Cult Abuse of Children" that I began to realize the full extent of cult activity in America today. Phone calls from all over the country poured into my editorial office from psychotherapists who told me that they would like to read the cult abuse issue because they had treated cult abuse victims. When I then asked them if they wished to contribute somehow to the issue, they often said they couldn't—they were afraid to talk in print about their clients, even anonymously, because the cults had threatened them or their families with violence. Phone threats, dead cats on doorsteps, burning crosses on lawns and other convincing communications made them understandably reluctant to write anything about cults. As one psychiatrist wrote me, after I learned he had given a paper on treating cult abuse victims to a psychoanalytic meeting and asked if I could publish it,

> Thank you for inviting me to submit my paper on the treatment of cult abuse victims to *The Journal of Psychohistory*. I am surprised but pleased that you are interested in such subjects. However, I am going to reluctantly decline your kind invitation.
>
> As you may know, there is some risk attached to treating satanic ritual abuse victims. A recent study by Dr. Nancy Perry indicates that as many as 10% of therapists treating such patients have been threatened or attacked by the groups to which their patients formerly belonged.
>
> I live and work in an isolated community in which there is considerable local cult activity. I have presented my thoughts to psychoanalytic discussion groups, but at present I am uneasy about revealing in print how much I know about such cults. Of course I deeply resent even having to think about such considerations as my personal safety, but there it is.

In fact, even those therapists who *had* agreed to write about their clients for the cult issue often had second thoughts. Most promised articles but then didn't send them in. One, after I had heard him give at a psychoanalytic meeting a detailed account of his patient being sexually abused by a cult—a horrifying story where the child was used sexually by the parents and the cult from early childhood—sent in an article, which I have published in this issue as it was written, attributing the increase in cult reports to "the contagious nature of group hyste-

ria". . . but without a single word about his own cult-abused patient!

## WHAT CULTS DO TO CHILDREN

It was only when I did my own research on the history and psychotherapy of cult abuse of children that I began to piece together what cults actually do and what their motivations are. First of all, cult abuse of children cannot be called a "witch hunt" because it is quite different from what happened in earlier witch hunts. Witch hunts involve people with quite different diagnostic symptoms than the cult abuse patients of contemporary psychotherapists. Witch hunt reports come from people with hysterical symptoms, including possession, convulsions, paralysis and hallucinations of persecuting spectors,[9] phenomona rare in cult abuse victims. The usual witch hunt involves children accusing old women of such things as bewitching them with "evil eyes" or tormenting them by sticking pins in dolls, fears that adult authorities then often use as excuses to wipe out dissent in the community.[10] The "robot" personalities and "borderlines" and "multiple personalities" and suicidal and self-mutilating symptoms so often found in today's cult abuse victims are not often found in the historical witch hunt literature. The only time typical cult activities such as gang rape, child sacrifice and dismemberment, blood drinking and so on appear in the historical literature is in connection with blood libel accusations and pogroms,[11] where authorities want to accuse Jews or other minorities of the worst thing they can think of. All accusations containing Devils aren't the same.

Case studies written by psychotherapists working with children who have recently become victims of cults or adults who have convincing and detailed memories of having been abused as children by groups are plentiful enough if one wants to find them.[12] Particularly revealing are those containing reports by children who were recently abused by cults, since they contain details often missing from memories of cult abuse by adults. A statement that cults are "preoccupied with the eating and drinking of excreta" comes to life as you read dozens of children saying such things as "Daddy eats poo and he drinks wee"[13] or "We ate poo...Mom put it outside to get cold, to get ice on it...It's worse when it's hot...Mom puts jelly on her bum, or in her pee-hole, and I get to suck it off."[14] These children have just been through the abuse; they don't have to depend upon memories which might be distorted. Questions about whether memories of drinking blood are real or not are soon settled after hearing children tell recent events like the



one this eight-year-old reported: "When Miss Ellis put the knife in and the blood came out...she caught it in a cup. We had to drink it...It was warm. It was...sort of oily tasting. Kind of like if you take a sip of salad oil or something." A memory that a child had been hung by a noose by a cult becomes more believable when you find out the child later was found practicing hanging himself.[15] Stories about children being hung upside down on poles and raped are made more vivid by hearing one little girl say:

> "They put [Sapphire] upside down on the stick...Me and Amber, when we go upside down, we have to put our legs around the stick and they tie them...the men come around and put their dickies in your pranny or sometimes up your bottom. But the other night, when Sapphire was on the stick, they put their fingers in instead. I think 'cause she was too little...I hate 'em doing that to me and Amber, but with Sapphire, it's just too much. It hurts a lot. I know, 'cause it hurts me, and she's just little. She's only a baby and you're supposed to take care of babies. Even when they cry."[16]

Stories of torture and sacrifice also gain credibility when you hear the voices of the children tell about their recent experiences. Claims that cults mutilate and kill people become more real when one hears a child tell her caseworker, "Dad is fast with the knife...it was asgusting, when those people were killed. We had to help take those knives and plunge them into the people. It was asgusting. Of course I was scared. We had to do it, or Mom would kill us."[17] And your doubts about details of the sacrificial ritual are dissolved after reading accounts such as the following, reported by the therapist:

> "Tell me what is frightening you..."
>
> "I don't want to kill the baby. I don't want to kill the baby."
>
> He went on and on like this, clutching my little bear and sobbing...
>
> "I am in a cage...There are men there, men with horns...The men form a circle. They hold hands and dance. They chant over and over again. 'Hail Satan. We are servants of Satan. Hail Satan.' Then they take me out of the cage, pick up this silver goblet and empty it over me. It has blood in it. It feels sticky."
>
> There was a look of disgust on Ned's face. And, I am sure, a look

of disbelief on mine.

> "The leader gets out of the chair and pours more blood on a baby lying on the table. He takes a long knife and puts it in my hand and says, 'We offer this child to Satan as a sacrifice. May Satan's will be done; may Satan accept this sacrifice...He holds my hands on the knife, raises it up and plunges it into the baby's chest. The blood spurts up.
>
> "Then the leader takes the knife out of my hand, reaches into the chest and pulls out something. It's the heart....he cuts off a piece of it, eats it, and gives pieces to the other men and me...He made me eat it...
>
> "Then they place me on my back in the center of the circle. They take my clothes off and rub oil all over my body. The women come over, and they touch me everywhere. I am ashamed, because it felt good. Then I was taken into the next room. My mother and father were there. They washed me, gave me clean clothes and took me home."[18]

After reading over a hundred descriptions of what cults—both contemporary and historical—do to children, the first conclusion that I came to was that they all do pretty much the same things. They weren't following a worldwide conspiracy; most of them were just neighborhood sadists torturing kids for sexual pleasure, people who never read a book on Satanism in their lives. Yet they all spontaneously follow a ritual whose elements and even details are the same: they take little children and tie them up; put them in cages and tunnels; beat and torture them; turn them upside down and hold them in water; cut, stab and rape them; force them to eat their feces and drink their urine and blood; and disembowel, dismember and kill them while ejaculating. They seemed to me to be acting out a very specific drama. What could such a bizarre collection of acts mean?

## THE MEANING OF THE CULT ABUSE RITUAL

Cult abuse, like all sadistic acts, individual or group, is a sexual perversion whose purpose is achieving orgasm by means of a defense against severe fears of disintegration and engulfment. According to Socarides, sadistic release is achieved by inflicting upon a scapegoat childhood traumas—particularly preverbal experiences with a frightening, cruel or neglectful mother—inflicting rather than passively undergoing pain and destruction.[19] Sadists live their daily lives full of terrible anxieties about being independent and active. Any success in their lives is terribly fearful, producing regression to infancy and a desire to merge with mommy. But merging means losing one's self, being annihilated. To avoid this, it is necessary to inflict on someone else all the traumas one has had plus all the fantasies of revenge against the persecuting parents. Only by reenacting cultic rituals can these deeply regressed individuals avoid castration and engulfment fears and reassure themselves of their potency and separateness.



Groups are particularly effective in achieving this traumatic reenactment. The individual identifies with the aggressor and the group and its leader become the murderous, engulfing mommy torturing the child. Actual castration is often inflicted on victims by cults. It is also sometimes inflicted upon cult members, who cut off their *own* fingers and offer them to Satan to make him more potent. "It was considered an honor among satanists to have one or more fingers missing," says one cult member.[20] Sometimes the phallus or the finger is actually eaten, an act very effective in restoring potency. The same principle lies behind all cannibalistic acts of cults. In fact, all cultic rituals eventually aim at the restoration of lost potency:

> When you sacrifice someone, for the instant just before they die, they supposedly emit their life energy. That power, Satanists believe, can be harnessed for their use. They believe babies are best because babies are pure...When you sacrifice a baby, you get greater power than if you sacrificed an adult.[21]

The psychodynamics of the full cultic ritual is clear. It is the same as with all sadist torture and killing of children. First the sadist terrorizes the child to increase his or her fear, his or her "power," watching the child's growing panic and agony in order to see the sadist's own fear "injected" into another. Then he rapes him or her at the moment he stabs him or her with a knife, so he can "have the sexual climax at the point of death of the child" [22] and absorb all of the "power."

This delusional absorption of children's power has been the central group-fantasy behind all child sacrifice since the days when early civilizations sacrificed children to prevent the world from descending into chaos—i.e., to prevent the individuals in the society from feelings of annihilation.[23] This same fantasy of restoration of potency through sexually abusing, torturing and killing children also underlies the acts

of the pedophiles and sadists treated by Socarides.[24] So ubiquitous is the use of this defensive mechanism of "group identification with the aggressor" that I now believe that cultic activity began with early man in the Paleolithic. Not only do children's footprints appear in early caves (actually tunnels, exactly like those beneath McMartin that Roland Summit writes about in his articles), but pictures of shamans and other Paleolithic men with erections appear frequently on the walls, showing that the rituals performed there were sexually exciting. The figurines (mistakenly called "Venuses") and "batons" often found in the caves are actually raping instruments, called "devil's wands" by cults today. Even the cut-off fingers of cult members are shown in the hundreds of handprints with missing fingers that are outlined in red ochre all around the caves. I will present extensive evidence for my hypothesis that cultic activity was more and more prevalent the further back in history one goes in my forthcoming book, *A Psychohistory of the West.*

The psychodynamics of cultic torture and sacrifice of children are the same whether performed by small contemporary groups or by whole countries in the past. They involve the following steps:

(1) *Regression* due to fears of individuation,

(2) *Trance states* and dissociative mechanisms such as assumptions of multiple personalities by cult members,

(3) *Merging with the leader* as a defense against engulfment by internal figures, using projective identification to relieve them of intolerable feelings,

(4) *Deification of the terrifying leader* as a defense against personal helplessness,

(5) *Organization of cult heirarchy* into totalitarian structure, in order to carry out

(6) *Torture and sacrificial rebirth rituals* that reenact childhood and fetal traumas, recapitulating the drama of absolute power over absolute helplessness.

For those unacquainted with my work on fetal memory and the reenactment of fetal trama,[25] it may seem arbitrary and excessive to claim that cultic ritual involves regression all the way back to birth. Yet



I think this is the only way to make sense out of the specific elements of cult rituals. Cults relive each traumatic moment of birth in their rituals. They put children in cages, boxes and coffins as symbolic wombs. They hang them upside down, the position of fetuses. They plunge children into water, push their heads into toilets, and otherwise reenact the experience of being in amniotic fluids and the anoxia that all fetuses feel during birth. They drink victim's blood as fetuses "drink" placental blood. They force children to drink urine, as fetuses do in the womb, and eat feces, as some do during birth. They often hold their rituals in actual tunnels, symbolic birth canals, or within magical symbols that represent wombs or birth canals. In fact, every one of the 16 elements that cult researchers such as Jean Goodwin and David Finkelhor have regularly found in cult rituals[26] are symbolic reenactments of birth traumas. Without birth as the Rosetta Stone of cult ritual, these acts make no sense at all. "Why make rape so complicated?" researchers have asked when they discuss the details of costume and sequencing of sadistic acts in cultic ritual. The answer is: "Because the sequence of acts reproduce a very specific fetal drama that must be recapitulated." When did we all ever "drink" blood? Only in the womb.

Cults often even kill actual fetuses in their ritual. In addition, "death-and-rebirth" elements are overtly made part of the ritual. Cults of the past usually proclaimed the group would be reborn through the sacrifice of children and contemporary cults go through death rituals in graveyards with rebirth elements such as members going through the legs of others in order to be reborn. One ritual described in the literature involves the victim going into a trance, naked and bound, being carried into a cave by a group of naked women, then going through their legs "while the women swayed, howled and screamed as though in childbirth," cutting umbilical bonds, and being sprinkled with water.[27] Michelle remembered her rebirth ritual as follows. A "small baby" was first cut and its blood rubbed on her. She was put next to the dead baby, and then the baby was put between her legs and stabbed with a cross, rubbing the "mess" all over her, as though the dead baby's blood had "power" in it. Then she was "painted with red stuff" and made to stick her head between a woman's legs, and "with my head stuck between her legs...she made me crawl out...she breathed into my mouth and my nose..."[28] She also told about another ritual that started with her upside down inside a Devil statue made out of plaster and covered with blood. She said she felt like "toothpaste in a tube" as she was squeezed out: "I'm being born. I have something

thick wrapped around my neck. [A man is] cutting that cord around my neck so it doesn't choke me to death. He says he is giving life to me."[29] More graphic reenactments of birth could not be imagined.

## WAR AS A CULTIC REBIRTH RITUAL

Once the psychodynamics of cultic ritual are understood, one can begin to see how these same cultic psychodynamics explain the acts of other regressed groups, including the ritual of war. Although the torture, dismemberment and death elements of war are generally thought of as mere means to other ends, usually territorial or economic, I have been unable to find any group that decides to go to war for utilitarian reasons. The usual emotional atmosphere involved in the decision to go to war is shown by how the Japanese leadership decided to attack Pearl Harbor. Tojo first asked each minister to tell what would happen if they attacked the U.S. Each one forecast eventual defeat. By the time he went around the table, it was obvious an attack would be suicidal for Japan. So Tojo said, "There are times when we must have the courage to do extraordinary things—like jumping, with eyes closed, off the veranda of the Kiyomizu Temple! [The place people committed suicide in Tokyo.]"[30] Hitler, too, spoke in suicidal images as he went to war.

Real wars, as I have described earlier,[31] involve nations hallucinating a rebirth fantasy that they are "pregnant with events," like a "heaving volcano," with a "tight, tense, trapped feeling" in the air, "unable to relieve herself of the inexorable pressure" or "gain at least a breathing spell," being "picked up bodily" after diplomatic relations are "ruptured" and beginning "the descent into the abyss" as the nation starts its "final plunge over the brink." Each of the six elements of cult ritual I have given above are enacted in war. Tribes and nations *regress* during prewar periods and fear individuation, claiming that progress and prosperity "makes the nation soft" and "turns men into women," making them "wimps" and robbing them of their potency. Then they go into a *trance* and use dissociation to deny any empathy for the "enemies" they are about to slaughter. Then they *merge* with their leader and put their intolerable feelings into him, sometimes even staging "merging dramas," political meetings like the Nazi mass meetings, where people held up their arms like an umbilicus and imagined they were pouring their polluted feelings into the leader, shouting "Heil! (*heal* me)" Next they *deify* the leader, making him into a terrifying figure who can help them avenge their traumas, *organize* the nation into totalitarian structures and go off to war as a *sacrifical rebirth ritual*, during which the nation reenacts earlier traumas and rejuvenates its potency by becoming the powerful one torturing and killing the helpless one.



It is less apparent that war, like cultic ritual, is also a *sexual* perversion. Cults rape, torture and kill with the aim of orgasm; the sexuality is manifest. But it is only our defensive habit of compartmentalizing the various acts of war that makes us unaware that war, too, involves ritual rape, even if we think of it as only incidental "collateral damage" like all civilian slaughter. Rape occurs because men are turned on by torture and killing. Violence is aphrodisiac. Prostitutes used to hang around the Colosseum in Rome to service the sexually aroused men after they finished watching the slaughter. In the past, according to the world's leading historian of war, "the opportunity to engage in wholesale rape was not just among the rewards of successful war but, from the soldier's point of view, one of the cardinal objectives for which he fought."[32] Men who didn't rape during war were suspected of being homosexual. In earlier wars, just as with cults, the killing of children was often preceded by raping them. Virgins were the favorite group rape targets for invading armies until well into the Middle Ages.[33]

I admit it is hard to accept the conclusion of this line of thought and admit that those who watch bodies of people killed in wars pile up on TV are participating in a ritual rejuvenation of their potency. Hard to accept, that is, until we recall that before the Gulf War most of the country felt that the American Dream was "withering" and that our leader was a "wimp," while after the war, after killing 300,000 Iraqis, mostly children, these same people felt the country was strong again, the stock market soared and our leader ended up being approved of by 91 percent of the country. It seems to me that during the war we absorbed the vitality of those we slaughtered. Slain warriors in earlier cultures often were *eaten* in order to internalize their strengths. Early armies used to collect enemy's penises and present them in a big pile to their king. When U.S. soldiers in Vietnam collected penises as "souvenirs," we thought the soldiers perverted. Perverted they were, but perverted we all are when we choose to engage in war. Only our rationalizations prevent us from seeing this.

The study of the psychodynamics of cults is, then, an extremely important task for psychohistory, one not limited to just the therapy of cult victims. It is certainly no use to label cults "witch hunts" and reject them out of hand because they are hard to believe. Even medieval

witch hunts have to be explained psychohistorically. Although Jews did not sacrifice babies as they were accused of doing, if you read the actual transcripts of the accusations you'll find that *someone* had severed the heads off of children and buried them with cultic material. *Someone* used all those knives and altars the archeologists have found in hundreds of locations along with human remains.[34] And *someone* has killed 100 million victims in this century in cultic war rituals.

I am afraid that someone is us.

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1. Leslie Bennetts, "Nightmares on Main Street." *Vanity Fair*, June 1993, p. 46.
2. For more on national estimates, including the infamous "50,000 children killed annualy during satanic sacrifice rituals" statement that Lotto and others constantly cite as ludicrous but that in fact was never said (the reporter who first cited it not even having attended the conference), see Kevin Garvey and Linda Blood, "Interesting Times." *Cultic Studies Journal* 8(1991) p. 154. This article plus the fine review by Carl Raschke of James T. Richardson, Joel Best & David Bromley, *The Satanism Scare*. New York, 1991 in *Cultic Studies Journal* 9(1992): 129 provide excellent evidence of the slippiness and outright inaccuracies in the anti-cult literature.
3. Donald Barstow, "A Critical Examination of the "False Memory Syndrome." *Family Violence & Sexual Assault Bulletin* 9(1993): 21-22.
4. Stephen Fried, "War of Remembrance." *Philadelphia,* January 1994, pp. 66ff.; Elizabeth M. Matz, "A Review of Portions of an Interview with Ralph Underwager and Hollida Wakefield in *Paidika: A Journal of Pedophilia*." *Family Violence & Sexual Assault Bulletin* 9(1993): 23-27.
5. J. Geraci, "Interview: Hollida Wakefield and Ralph Underwager, *Paidika: The Journal of Paedophilia* 3(1993): 3.
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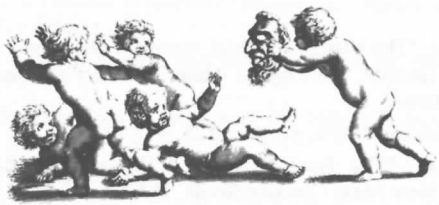

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